



PUBLIC HEALTH DEPT.
REPORTS COLLECTION COPY

Administrative County of Middlesex.

ANNUAL REPORT

OF THE

JUNTY MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1935.

(LONDON)
CLARKE AND SON, LTD., 57, MARK LANE, E.C.3.
Printed in England by the City of London.



Administrative County of Middlesex.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1935.

LONDON :
HARRISON AND SONS, LTD., ST. MARTIN'S LANE, W.C.2,
Printers in Ordinary to His Majesty.

1936.

TO THE CHAIRMAN, ALDERMEN AND MEMBERS
OF THE COUNTY COUNCIL OF MIDDLESEX.

SIR, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my report upon the health of Middlesex and upon the public health services administered by the County Council during the year 1935.

The report follows the general lines of its predecessors, and not the least part of its value is the opportunity it affords to members of the County Council, whose activities do not include service upon the Public Health Committee or the Maternity and Child Welfare Committee, and to the public generally, to obtain an outline of the responsible and difficult task carried out by these committees in providing medical services for the County of Middlesex with its ever-increasing population.

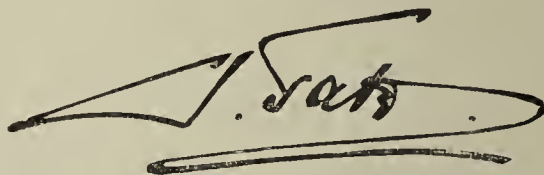
Consideration of the vital statistics for 1935 shows that for the first time on record the birth-rate in Middlesex is higher than that for the country generally; the death-rate is the lowest on record; the death-rate from all forms of tuberculosis is the lowest on record, and the maternal mortality rate is well below that for England and Wales. Too great importance must not be attached to small variations in annual rates, but it is satisfactory to be able to record the favourable trend revealed by the vital statistics for the year.

I do not propose to comment at length upon the various matters dealt with in the report, but would direct attention to the important scheme of reorganisation of administration of relief dealt with on page 13, and to the record of steady progress in improvement and augmentation of the hospital services summarised on pages 14—18.

The year has been a very strenuous one, and I must again record my appreciation and gratitude to the Chairmen and Members of the Public Health and Maternity and Child Welfare Committees for the unfailing support and assistance I have received.

In conclusion, I am happy to be able to express my thanks to all members of the Public Health Department, who have worked loyally, cheerfully and well throughout the year. To my deputy, Dr. Macaulay, I would especially refer, whose assistance in the work of the Department, and in the preparation of this report, has been invaluable.

I have the honour to be,
 Your obedient Servant,



County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
 10, GREAT GEORGE STREET,
 WESTMINSTER, S.W.1.

October, 1936.

Staff.

WHOLE-TIME OFFICERS.

County Medical Officer of Health and School Medical Officer :

J. Tate, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer :

H. M. C. Macaulay, M.D., B.S., B.Sc., D.P.H.

Assistant County Medical Officers of Health :

A. C. T. Perkins, M.D., B.S., D.P.H.

Miss M. Back, M.D., B.S., D.P.H.

Tuberculosis Medical Officers :

O. Bruce, M.R.C.S., L.R.C.P.

S. Trevor Davies, M.R.C.S., L.R.C.P.

J. R. B. Dobson, M.B., B.S., B.Sc.

H. Evans, M.D., Ch.B., D.P.H.

W. S. Forbes, M.B., Ch.B., D.P.H.

J. T. N. Roe, M.D., Ch.B., D.P.H. (appointed
1st March, 1935).*Assistant Medical Officers :**(Maternity and Child Welfare and School Medical Inspection and Treatment.)*

Mrs. A. M. Burn, M.B., Ch.B., D.P.H.

Miss J. R. Campbell, M.B., Ch.B., D.P.H.

Miss K. M. Cellan-Jones, M.D., B.S., B.Hy.,
D.P.H.

Miss K. Glyn-Jones, M.R.C.S., L.R.C.P.

W. R. H. Heddy, M.R.C.S., L.R.C.P., D.P.H.,
Barrister-at-Law.

H. W. Moir, M.B., Ch.B., D.P.H.

Lieut.-Col. H. L. W. Norrington, D.S.O.,
M.R.C.S., L.R.C.P.

G. J. Roberts, M.D., Ch.B., B.Sc., D.P.H.

Miss M. K. Ruddy, M.D., B.S., B.Sc.

Mrs. R. H. Shelley, M.B., B.S.

Miss G. Wilson, M.A., M.B., Ch.B., D.P.H.

*Veterinary Inspector :**(Milk and Dairies (Consolidation) Act, 1915, and Milk and Dairies Order, 1926.)*

R. Wooff, M.R.C.V.S.

*Senior Dental Officer :**(Maternity and Child Welfare, County Sanatoria, School Dental Treatment.)*

S. J. Smith, L.D.S.

*Assistant Dental Officers :**(Maternity and Child Welfare and School Dental Treatment.)*

J. V. Bingay, L.D.S.

R. E. Cook, L.D.S.

Miss C. M. Henderson, L.D.S.

R. V. Kingham, L.D.S.

S. A. McLaren, L.D.S. (appointed 1st June, 1935).

R. S. Matthew, L.D.S. (appointed 1st April, 1935).

Miss A. M. Munro, L.D.S.

Mrs. I. M. Pritchard, L.D.S.

E. Sharp, L.D.S. (appointed 18th March, 1935).

Mrs. F. M. Sievers, L.D.S. (appointed 1st April,
1935).*Inspectors of Midwives :*Miss M. Back, M.D., B.S., D.P.H. (*see above*).

Miss C. A. M. Coleman, S.R.N., S.C.M.

<i>Tuberculosis Dispensary Nurses</i>	..	..	..	..	..	..	..	13
<i>Health Visitors and School Nurses</i>	..	..	..	..	..	..	..	28
<i>Dental Nurses</i>	..	..	..	..	..	..	..	6
<i>Dental Attendants</i>	..	..	..	..	..	..	..	5
<i>Midwives</i>	..	..	..	..	..	..	..	2

PART-TIME OFFICERS.

Consulting Obstetric Physician :

J. M. Wyatt, M.B., B.S., F.R.C.S.

*Ophthalmic Surgeons :**(Maternity and Child Welfare, School Medical Service, Certification of Blind Persons.)*

E. F. King, M.B., Ch.B., F.R.C.S., D.O.M.S.

C. D. Shapland, M.B., B.S., M.R.C.P., F.R.C.S.

N. H. L. Ridley, M.A., M.B., B.Chir., F.R.C.S. (appointed 26th June, 1935).

*Assistant Medical Officers :**(Maternity and Child Welfare.)*

L. W. Hignett, M.B., C.M., D.P.H.

J. W. Poole, M.B., B.S.

HOSPITALS, INSTITUTIONS AND SANATORIA.

NORTH MIDDLESEX COUNTY HOSPITAL.

Medical Superintendent :

Ivor Lewis, M.D., M.S., D.P.H.

Deputy Medical Superintendent :

A. W. Gregorson, M.D., Ch.B., F.R.F.P.S.

Physician :

C. A. Birch, M.D., M.R.C.P., D.P.H.

Surgeons :

R. L. Galloway, M.B., Ch.B., F.R.C.S. (Edin.).

H. O. Blauvelt, M.D., C.M., F.R.C.S.

Obstetric Surgeon :

K. A. Hudson, M.B., Ch.M., M.C.O.G.

Assistant Pathologist :

H. Rogers, M.D., Ch.B.

Assistant Medical Officers :

P. J. Nagle, M.B., B.Ch., B.A.O.

Miss E. A. Pennycuick, M.B., Ch.B.

Miss A. M. E. McCabe, M.D., B.Ch., B.A.O.,
M.R.C.P., D.P.H.

Miss M. A. Bromhall, M.B., Ch.B., D.M.R.E.

M. Coke, M.R.C.P., M.R.C.S.

J. Beynon, M.B., B.S.

A. Burkhardt, M.B., B.S.

Miss C. L. Taylor, M.B., Ch.B., D.P.H.

Matron :

Miss L. F. Dykes.

WEST MIDDLESEX COUNTY HOSPITAL.

Medical Superintendent :

J. B. Cook, M.D., Ch.B., D.P.H.

Deputy Medical Superintendent :

Miss M. W. Warren, M.R.C.S., L.R.C.P.

Physician :

T. S. Nelson, M.A., F.R.C.P.

Surgeon :

C. H. S. Webb, M.S., F.R.C.S.

Obstetric Surgeon :

D. M. Stern, M.A., F.R.C.S., M.C.O.G.

*Pathologist :*W. Broughton-Alcock, B.A., M.B., M.R.C.S.,
L.R.C.P.*Assistant Medical Officers :*

M. M. Deane, M.B., B.S., M.R.C.P., D.P.M.

Miss I. M. Titcomb, M.A., B.M., B.Ch.

R. C. Thomas, F.R.C.S., M.C.O.G.

F. J. V. Jaensch, M.R.C.S., M.R.C.P.

G. Stephen, M.B., Ch.B.

Matron :

Miss E. Huggins.

CENTRAL MIDDLESEX COUNTY HOSPITAL.

*Medical Superintendent :**(Vacant.)**Deputy Medical Superintendent and Surgeon :*

T. G. I. James, M.Ch., F.R.C.S.

Physician :

H. Joules, M.D., M.R.C.P.

Surgeon :

N. M. Matheson, M.B., Ch.B., F.R.C.S., M.R.C.P.

Assistant Medical Officers :

A. D. Abdullah, M.B., Ch.M., M.R.C.P.

J. S. MacVine, M.B., B.S., M.C.O.G.

J. Sakula, M.B., B.S.

H. Canwarden, M.R.C.S., L.R.C.P.

Matron :

Miss B. Gebhard.

REDHILL COUNTY HOSPITAL.

Medical Superintendent :

J. N. Deacon, M.C., M.B., B.S.

Deputy Medical Superintendent and Physician :

E. B. Brooke, M.A., M.B., B.Chir., M.R.C.P., D.P.H.

Surgeons :

D. B. Craig, F.R.C.S. (Edin.).

R. Trevor Jones, M.B., B.S., B.Sc., F.R.C.S.
(part time).*Obstetric Surgeon :*

E. ap. I. Rosser, M.R.C.S., L.R.C.P.

Assistant Medical Officers :

J. H. Attwood, M.B., B.S., D.A. A. Caplan, M.D., M.R.C.P.

Matron :

Miss E. R. Wheeldon.

HILLINGDON COUNTY HOSPITAL.

Medical Superintendent :

W. A. Steel, M.D., M.R.C.P.

Deputy Medical Superintendent and Surgeon :

L. Fatti, M.B., B.S., F.R.C.S.

Physician :

E. B. Jackson, M.D., M.R.C.P.

Assistant Medical Officer :

Miss J. Morgan, M.D., B.S., B.Sc., M.C.O.G.

Matron :

Miss E. S. Laing.

STAINES INSTITUTION.

Medical Officer (part-time) :

L. R. Pickett, M.R.C.S., L.R.C.P.

EDGBURY CONVALESCENT HOME, WOBURN SANDS.

Medical Officer (part-time) :

J. N. Alexander, M.R.C.S., L.R.C.P. (resigned 30th September, 1935).

J. Richardson, M.R.C.S., L.R.C.P. (commenced 1st October, 1935).

Matron :

Miss M. A. Bishop.

EDMONTON HOUSE, ENFIELD HOUSE, CHASE FARM, REDHILL INSTITUTION, PERCY HOUSE,
HILLINGDON INSTITUTION, WHITE WEBBS HOME, BELLGROVE HOME.The medical care of patients and inmates in these institutions is provided by the medical
staffs of the hospitals set out above.

COUNTY SANATORIUM, HAREFIELD.

Medical Superintendent :

J. R. McGregor, M.B., Ch.B., D.P.H.

Acting Deputy Medical Superintendent :

K. R. Stokes, M.R.C.S., L.R.C.P.

Assistant Medical Officers :

D. G. M. Edwards, M.B., B.S., D.P.H.

V. C. Benson, M.A., M.R.C.S., L.R.C.P.

Matron :

Miss C. Woodward.

COUNTY SANATORIUM, CLARE HALL, SOUTH MIMMS.

Medical Superintendent :

A. C. Tabois, M.D. (retired February, 1935)

F. A. H. Simmonds, M.A., M.B., B.Chir., D.P.H. (appointed 1st March, 1935).

Assistant Medical Officers :

J. O. Williams, M.R.C.S., L.R.C.P.

I. G. McIntyre, B.A., M.B., B.Ch., B.A.O., D.P.H.

Matron :

Miss M. Brown.

PUBLIC VACCINATORS AND DISTRICT MEDICAL OFFICERS (PUBLIC ASSISTANCE).

District.	Name and Qualifications.
<i>North Middlesex—</i>	
Edmonton North	A. E. Tughan, L.R.C.S., L.R.C.P., L.R.F.P. & S.
Edmonton South	J. Shaw, M.A., M.B., Ch.B.
Enfield Chase.. .. .	W. H. Nairne White, M.B., Ch.B.
Enfield Town	A. Jephcott, B.A., M.R.C.S., L.R.C.P.
Enfield Highway and Ponders End ..	J. E. Hill, M.B., B.Ch.
South Mimms	W. E. Hayes, M.B., B.Ch.
<i>North-East Middlesex—</i>	
Finchley North	S. R. Gleed, M.R.C.S., L.R.C.P.
Finchley South	L. Lawn, M.A., M.D., B.Ch.
Friern Barnet North.. .. .	G. P. Evans, M.R.C.S., L.R.C.P.
Friern Barnet South.. .. .	{ I. S. Fox, M.B., Ch.B. (D.M.O. only.) G. P. Evans, M.R.C.S., L.R.C.P. (P.V. only).
Southgate	G. A. Shepherd, M.B., Ch.B.
Winchmore Hill	S. R. Eccles Davies, B.A., M.R.C.S., L.R.C.P., D.P.H.
Wood Green	F. James, M.R.C.S., L.R.C.P.
<i>East Middlesex—</i>	
Highgate	E. F. Buckler, M.B., Ch.B.
Hornsey	R. S. Anderson, M.R.C.S., L.R.C.P.
Tottenham High Cross	M. J. Cronin, M.B., B.S., M.R.C.S., L.R.C.P.
Lower Tottenham East	J. Devine, L.R.C.P. & S.
Lower Tottenham West	A. Wilson, M.B., Ch.B.
Tottenham West Green	Miss Fanny Cattle, B.Sc., M.R.C.S., L.R.C.P.
Tottenham South-West	E. C. Wallace, L.M., L.R.C.P. & S., I.
<i>North-West Middlesex—</i>	
Burnt Oak and Watling Estate	Miss Margaret I. Little, M.R.C.S., L.R.C.P.
Edgware, Little Stanmore and Lower Hale	F. H. Stevenson, M.D., B.S., M.R.C.P.
Golders Green and Hampstead Garden Suburb.	L. Myers, M.B., B.S. (P.V. only.)
Great Stanmore and Harrow Weald ..	H. A. Byworth, M.A., B.M., B.Ch.
Harrow	C. M. Pennefather, M.D., B.S.
Hendon Central	W. A. L. Dunlop, M.B., B.Ch., B.A.O.
Hendon South	R. W. Baron, M.B., Ch.B.
Kingsbury	Miss Mary H. Routledge, M.B., Ch.B., D.P.H.
Mill Hill	A. H. Morley, M.B., B.S.
Pinner.. .. .	M. J. Johnston. M.D., Ch.B.
Wealdstone	Miss Lucy Parker, M.D., B.S., M.R.C.P.
Wembley	H. E. Dyson, M.D., B.S.
<i>Central Middlesex—</i>	
Acton	H. Sparrow, M.A., M.R.C.S., L.R.C.P.
Harlesden	C. F. T. Scott, M.B., Ch.B. (P.V. only.)
Kilburn	*P. Smith, M.D., B.S., D.P.H.
Willesden No. 1	H. G. Broadbridge, M.B., B.S. (D.M.O. only.)
Willesden No. 2	R. Aidin, M.D., B.Ch., D.T.M. (D.M.O. only.)
Willesden No. 3	*P. Smith, M.D., B.S., D.P.H.
<i>South Middlesex—</i>	
Ealing and West Twyford	J. Gubbins, M.R.C.S., L.R.C.P.
Greenford, Hanwell and Perivale	A. M. Caverhill, M.D., Ch.B., D.T.M.
Northolt	Miss Olive J. E. G. Mulligan. M.B., Ch.B., B.A.O.

* Dr. P. Smith is Public Vaccinator for Kilburn and District Medical Officer for Willesden No. 3.

District.	Name and Qualifications.
<i>South Middlesex—(contd.)—</i>	
Brentford	R. M. Moore, M.B., B.Ch., B.A.O.
Chiswick	A. D. Ducat, M.B., M.R.C.S., L.R.C.P.
Heston and Hounslow	{ L. B. Christian, M.B., C.M. (P.V. only.) R. Serjeant, M.R.C.S., L.R.C.P. (D.M.O. only.)
Isleworth	
W. W. Phillips, M.B., Ch.B.	
<i>West and South-West Middlesex—</i>	
Ashford	L. R. Pickett, M.R.C.S., L.R.C.P.
Bedfont, Feltham and Hanworth	V. C. Montgomery, M.B., B.Ch., B.A.O.
Cowley and Hillingdon	H. Vickers, M.R.C.S., L.R.C.P.
Cranford, Harlington, Sipson and Heathrow	P. Coffey, L.R.C.P., L.R.C.S.
Hampton	C. de Z. Marshall, M.R.C.S., L.R.C.P.
Hampton Hill (S. James)	V. V. Morgan, M.R.C.S., L.R.C.P.
Hampton Wick	H. A. Gunther, M.B., M.R.C.S., L.R.C.P.
Harefield	J. T. Dunkerley, M.R.C.S., L.R.C.P.
Harmondsworth, Longford and Stanwell ..	J. A. Edwards, M.R.C.S., L.R.C.P.
Hayes	J. N. Parrott, M.R.C.S., L.R.C.P.
Staines and Laleham	A. C. Mann, M.B., B.Ch.
Norwood	J. McKenna, M.B., B.Ch.
Ruislip	D. D. Ritchie, M.A., M.D., Ch.B.
Shepperton and Littleton	A. Urquhart, M.A., M.B., Ch.B., D.P.H.
Sunbury	A. J. Reid Taylor, M.B., Ch.B.
Teddington	C. G. A. Sadler, M.R.C.S., L.R.C.P.
Twickenham	W. L. Cassells, B.Sc., M.B., Ch.B.
Uxbridge and Ickenham	W. T. Dobson, M.R.C.S., L.R.C.P.
West Drayton and Yiewsley	Miss Jessie G.A. Norman, M.R.C.S., L.R.C.P.

Public Vaccinators for Hospitals and Institutions in the County.

Hospital or Institution.	Name and Qualifications.
North Middlesex County Hospital, Edmonton House, Enfield House and Chase Farm.	I. Lewis, M.D., M.S., D.P.H.
Redhill County Hospital and Redhill Institution	J. N. Deacon, M.C., M.B., B.S.
Staines Institution and Children's Home, Ashford	L. R. Pickett, M.R.C.S., L.R.C.P.
Hillingdon County Hospital and Hillingdon Institution ..	W. A. Steel, M.D., Ch.B., M.R.C.P.
Children's Home, Hillingdon (Bartram Lodge)	H. Vickers, M.R.C.S., L.R.C.P.
West Middlesex County Hospital and extension, Isleworth; Central Children's Home, South Middlesex Area (Dundee House, Isleworth).	J. B. Cook, M.D., Ch.B., D.P.H.
Central Middlesex County Hospital; Children's Homes, Willesden Area	W. E. Turner, M.R.C.S., L.R.C.P.
Ashford Residential School (L.C.C.)	W. Dale, M.R.C.S., L.R.C.P.
Erskine Hill, Hendon Residential School (L.C.C.)	H. N. Payne, M.D., B.S., D.P.H.

SUMMARY OF IMPORTANT STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY
OF MIDDLESEX.

Area (including inland water)	148,691 acres.
Population 1931 (census)	1,638,728
„ 1935 (estimated for mid-year)	1,866,800
Number of structurally separate dwellings occupied, 1931 (census)	348,595
Number of private families, 1931 (census)	431,368
Rateable value, 1935 (1st April)	£17,516,557
Product of a penny rate, financial year 1935-36	£71,326
Live births—	Male. Female. Total.
Legitimate	13,623 12,892 26,515
Illegitimate	559 520 1,079
Birth-rate	14·8
Stillbirths	922
„ Rate per 1,000 total births	32·3
Deaths	17,254
Death-rate	9·2
Number of women dying from diseases and accidents of pregnancy and childbirth :—	
From sepsis	43
From other causes	48
Maternal mortality-rate per 1,000 live births	3·30
Infantile mortality-rate per 1,000 live births :—	
Legitimate	44
Illegitimate	125
Total	47·6
Deaths from measles (all ages)	7
„ whooping cough (all ages)	42
„ diarrhoea (under 2 years of age)	252

Administrative County of Middlesex.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1935.

Natural and Social Conditions.

AREA.—The area of the County of Middlesex, inclusive of inland water is 148,691 acres.

As there are no county boroughs in Middlesex the area of the administrative county coincides with that of the geographical county.

At the close of 1935 there were in the County 29 separate local sanitary areas, as follows :—

12 municipal boroughs, with an area of 52,842 acres.

17 urban districts, with an area of 95,849 acres.

POPULATION.—The great and steadily continued growth of population, which has been so conspicuous a feature of the social history of the County during recent years, showed no tendency to abatement during 1935. According to the calculations of the Registrar-General, the population of Middlesex at mid-1935 was 1,866,800, an increase of 56,600 persons above the figure for the previous year. As might perhaps be expected, urban development of Middlesex has for the most part extended centrifugally from London along the lines of rail and road communications. Growth of housing and population is now proceeding most rapidly at the peripheral parts of the County, whilst evidence is beginning to appear that some of the older and more centrally placed districts have reached, or soon will reach, their limit of development and the populations of these districts are now becoming static or are even showing a slight decline. Taking the County as a whole, however, the population is increasing at the average rate of *over one thousand persons per week*, and this rate of growth has now been maintained for a number of years. It will readily be appreciated that the problems of providing and maintaining social services, which will expand at a rate commensurate with that of the growth of population, are of no little difficulty and complexity.

It is in a rapidly developing area such as Middlesex that the need of a more frequent enumeration of the people by census is most keenly felt. Present legislation provides for a census only once in ten years. The last census year was 1931 and the figures which were then obtained, and which disclosed some very surprising results, are now quite out of date. It will be another five years before the next census is taken and in the meantime recourse must continue to be had to calculations. In intercensal periods, the population figure is estimated year by year by the Registrar-General, and, admirably as this difficult task is carried out, it must be appreciated that certain of the factors which influence movements of population in such a community as that of Middlesex are incalculable. The accuracy of those rates (birth-rate, death-rate, infectious disease incidence rates, &c.) which are calculated in terms of the population, naturally depends upon an accurate estimation of the population, and towards the latter part of an intercensal period it may not be possible to estimate the population with sufficient accuracy in a rapidly altering area. A quinquennial census would be a much needed reform. Certain rates, however (maternal and infantile mortality rates, &c.) are not dependent for their calculation upon the population, and to these the foregoing remarks do not apply.

The following table gives statistical information regarding the distribution of acreage and population within the administrative county.

POPULATION.

Boroughs and Urban Districts.	Acreage.	Census Population.		Censal Increase or Decrease, 1921-1931.				Estimated by Registrar- General, mid-1935.
		1921.	1931.	Persons.		Percentage.		
				In- crease.	De- crease.	In- crease.	De- crease.	
Acton (<i>Borough</i>)	2,318	60,817	70,008	9,191	—	15·1	—	68,960
Brentford and Chiswick (<i>Borough</i>)	2,333	58,499	63,217	4,718	—	8·1	—	62,490
Ealing (<i>Borough</i>)	8,711	90,232	116,678	26,446	—	29·3	—	137,550
Edmonton	3,896	66,807	77,658	10,851	—	16·2	—	96,320
Enfield	12,401	60,464	67,752	7,288	—	12·1	—	76,960
Feltham	4,928	11,388	16,060	4,672	—	41·0	—	23,560
Finchley (<i>Borough</i>)	3,486	46,637	59,077	12,440	—	26·7	—	62,660
Friern Barnet	1,329	17,128	22,751	5,623	—	32·8	—	24,750
Hampton	2,043	10,675	13,061	2,386	—	22·4	—	13,770
Hampton Wick	1,306	3,265	2,960	—	305	—	9·3	2,940
Harrow	12,559	49,020	96,656	47,636	—	97·2	—	144,280
Hayes and Harlington	5,160	9,042	22,969	13,927	—	154·0	—	31,560
Hendon (<i>Borough</i>)	10,373	57,566	115,640	58,074	—	100·9	—	134,160
Heston and Isleworth (<i>Borough</i>) ...	7,219	47,463	76,254	28,791	—	60·7	—	90,970
Hornsey (<i>Borough</i>)	2,872	87,632	95,416	7,784	—	8·9	—	95,330
Potters Bar	6,129	3,222	5,720	2,498	—	77·5	—	9,390
Ruislip-Northwood	6,583	9,112	16,035	6,923	—	76·0	—	24,930
Southall-Norwood	2,606	30,165	38,839	8,674	—	28·8	—	48,270
Southgate (<i>Borough</i>)	3,763	39,525	56,063	16,538	—	41·8	—	62,180
Staines	8,273	17,060	21,336	4,276	—	25·1	—	26,360
Sunbury... ..	5,613	9,908	13,455	3,547	—	35·8	—	15,050
Teddington	1,214	21,213	23,369	2,156	—	10·2	—	23,140
Tottenham (<i>Borough</i>)	3,013	146,726	157,667	10,941	—	7·5	—	150,310
Twickenham (<i>Borough</i>)	2,442	34,795	39,909	5,114	—	14·7	—	46,710
Uxbridge	10,240	20,626	31,887	11,261	—	54·6	—	38,140
Wembley	6,292	18,239	65,799	47,560	—	260·8	—	99,120
Willesden (<i>Borough</i>)	4,705	165,822	185,118	19,296	—	11·6	—	188,440
Wood Green (<i>Borough</i>)	1,607	50,791	54,308	3,517	—	6·9	—	53,470
Yiewsley and West Drayton ...	5,277	9,163	13,066	3,903	—	42·6	—	15,030
The County	148,691	1,253,002	1,638,728	385,726	—	30·8	—	1,866,800

BIRTHS AND BIRTH-RATES.—The corrected number of live births belonging to the County and occurring during 1935 was 27,594 (14,182 males and 13,412 females). This number is equivalent to a birth-rate of 14·8 per thousand of the population. The number of illegitimate births registered was 1,079 (559 males and 520 females), representing an illegitimate birth-rate of 0·58 per thousand of the population. Illegitimate births accounted for 3·9 per cent. of the total births.

The following table gives the birth statistics for the last five years for Middlesex, London, the Great Towns, and England and Wales :—

Year.	The County.		London.	Great Towns.	England and Wales.
	Births.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.
1931	25,507	15·5	15·0	16·0	15·8
1932	25,437	14·9	14·2	15·4	15·3
1933	24,501	13·9	13·2	14·4	14·4
1934	26,376	14·6	13·2	14·7	14·8
1935	27,594	14·8	13·3	14·8	14·7

For the past two years the birth-rate in Middlesex has shown a small increase and in 1935, for the first time for many years, it was slightly higher than that for the country as a whole.

Particulars of the number of births and the birth-rates in each sanitary district in the County are set out in the table which follows, the districts being arranged in descending order of magnitude of the birth-rate. It will be noted that the districts in which the birth-rate is highest are those rapidly developing areas situated at the periphery of the County. In these districts great numbers of new small houses have been and are being built, and many of these, naturally, become occupied by young married people. In the central and older districts in the County which are reaching the saturation point of development, the birth-rate is much lower. It should be pointed out that the parts of the County where the birth-rates are highest are for the most part those comprising the area for which the County Council is the maternity and child welfare authority.

BIRTHS AND BIRTH-RATES IN EACH DISTRICT, 1935.

BOROUGHES AND URBAN DISTRICTS.	Net number.	Rate per 1,000 living.	BOROUGHES AND URBAN DISTRICTS.	Net number.	Rate per 1,000 living.
Feltham	544	23·1 (22·2)	Twickenham (<i>Borough</i>) ..	693	14·8 (14·5)
Yiewsley and West Drayton	303	20·2 (18·2)	Friern Barnet	353	14·3 (12·1)
Hayes and Harlington ..	582	18·4 (20·0)	Ealing (<i>Borough</i>).. ..	1,907	13·9 (15·0)
Uxbridge	675	17·7 (19·9)	Brentford and Chiswick (<i>Borough</i>)	839	13·4 (12·5)
Harrow	2,523	17·5 (16·5)	Tottenham (<i>Borough</i>) ..	1,969	13·1 (13·7)
Potters Bar	164	17·5 (16·3)	Finchley (<i>Borough</i>) ..	807	12·9 (11·5)
Sunbury	260	17·3 (18·2)	Hampton	178	12·9 (13·9)
Southall-Norwood ..	809	16·8 (16·3)	Hendon (<i>Borough</i>) ..	1,724	12·9 (12·5)
Edmonton	1,610	16·7 (16·7)	Teddington	298	12·9 (14·1)
Staines	435	16·5 (18·7)	Acton (<i>Borough</i>) ..	868	12·6 (13·6)
Ruislip-Northwood ..	408	16·4 (16·0)	Hornsey (<i>Borough</i>) ..	1,128	11·8 (11·1)
Wembley	1,605	16·2 (16·9)	Southgate (<i>Borough</i>) ..	681	11·0 (10·7)
Enfield	1,220	15·9 (14·5)	Wood Green (<i>Borough</i>) ..	570	10·7 (10·5)
Heston and Isleworth (<i>Borough</i>)	1,447	15·9 (15·1)	Hampton Wick	31	10·5 (9·1)
Willesden (<i>Borough</i>) ..	2,963	15·7 (15·0)			

The corresponding birth-rates for the year 1934 are shown in brackets, and it will be noted that some increase in birth-rate has been recorded in approximately two-thirds of the individual districts making up the County.

The extent to which women in Middlesex are seeking institutional accommodation for their confinements is shown by the following figures which, although probably not complete, afford information as to the number of births belonging to Middlesex which have been ascertained as taking place in hospitals.

BIRTHS OCCURRING IN HOSPITALS, 1935.

Hospitals.	Number of Births.
<i>Middlesex County Hospitals, &c.—</i>	
North Middlesex County Hospital	1,448
Central Middlesex County Hospital	735
West Middlesex County Hospital	766
Redhill County Hospital	520
Hillingdon County Hospital	315
Staines Institution	56
	— 3,840
<i>Other County Hospitals—</i>	
Hertfordshire	225
London	7
	— 232
<i>Municipal Maternity Hospitals—</i>	
Chiswick and Ealing	476
Willesden	878
	— 1,354
<i>Voluntary Hospitals—</i>	
Queen Charlotte's Hospital	812
City of London Maternity Hospital	154
Salvation Army Mothers' Hospital	331
Royal Northern Hospital	236
Queen Mary's Maternity Hospital	249
Other voluntary hospitals	64
	— 1,846
Total	7,272

Over 850 more Middlesex babies were born in hospitals in 1935 than was the case during the previous year. The number of births occurring in hospitals represents over 26 per cent. of the total Middlesex births which occurred during 1935.

The number of births which took place in private nursing homes amounted to 2,911, or 10 per cent. of the total (see page 42). In one-third of cases, therefore, women sought institutional accommodation of one kind or another for their confinements.

In addition to the cases delivered by them in nursing homes (429 or 1·5 per cent.), certified midwives attended the confinements of 6,952 women in the patient's own homes, representing 25 per cent. of the total.

STILL-BIRTHS.—The number of still-births registered in 1935 was 922, equivalent to a rate of 32·3 per 1,000 total births, or 0·49 still-births per 1,000 population, as compared with a rate of 0·62 for the whole country.

DEATHS AND DEATH-RATES (ALL CAUSES).—The corrected number of deaths belonging to the County occurring during 1935 was 17,254, or 113 less than occurred in the course of the previous year. This corresponds to a recorded death-rate of 9·2 per thousand persons living, as compared with 9·6 in 1935. The death-rate in Middlesex for 1935 is the lowest on record.

The figures for the last five years relating to Middlesex, London, the Great Towns and England and Wales as a whole are as follows :—

Year.	The County.		London.	Great Towns.	England and Wales.
	Deaths.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.
1931	16,008	9·8	12·4	12·3	12·3
1932	16,516	9·7	12·3	11·8	12·0
1933	17,066	9·7	12·2	12·2	12·3
1934	17,367	9·6	11·9	11·8	11·8
1935	17,254	9·2	11·4	11·8	11·7

In order that the death-rates of the County and of the individual districts comprising the County may be compared with one another and with those relating to other parts of the country, the Registrar-General has supplied to the County and to each district a figure (" the comparability factor ") which takes into account the age- and sex-distribution of the population of each district. The product of the recorded death-rate and the comparability factor provides a corrected death-rate in which differences in constitutions of populations are eliminated and which may properly be used as a basis of comparison of healthiness between one area and another.

The effect of applying the comparability factor to the recorded death-rate of the County is to produce a corrected death-rate of 9·8, which compares very favourably with the death-rate of England and Wales, which is 11·7.

The table on page 5 gives information as to the death-rate, both before and after correction by the comparability factor, in each sanitary district of the County, whilst on page 7 appears a graph illustrating the variations in birth- and death-rates which have occurred in Middlesex since the beginning of the present century. The points of interest which this graph discloses are :—

- (1) The great and continued fall in the birth-rate ;
- (2) The more gradual fall in the death-rate, which is now tending to become stationary ;

- (3) The tendency of the birth- and death-rate curves to approach one another, indicating, in the absence of some change, an eventual static or declining population ;
- (4) The cessation of this tendency during the past two years due to a small rise in the birth-rate ;
- (5) The enormous fall in birth-rate during the years of the Great War, followed by a sharp increase when peace was established ;
- (6) The abnormal death-rate in 1918, due to the influenza pandemic.

The following table gives information of the death-rate, both recorded and corrected, in each of the sanitary districts of the County.

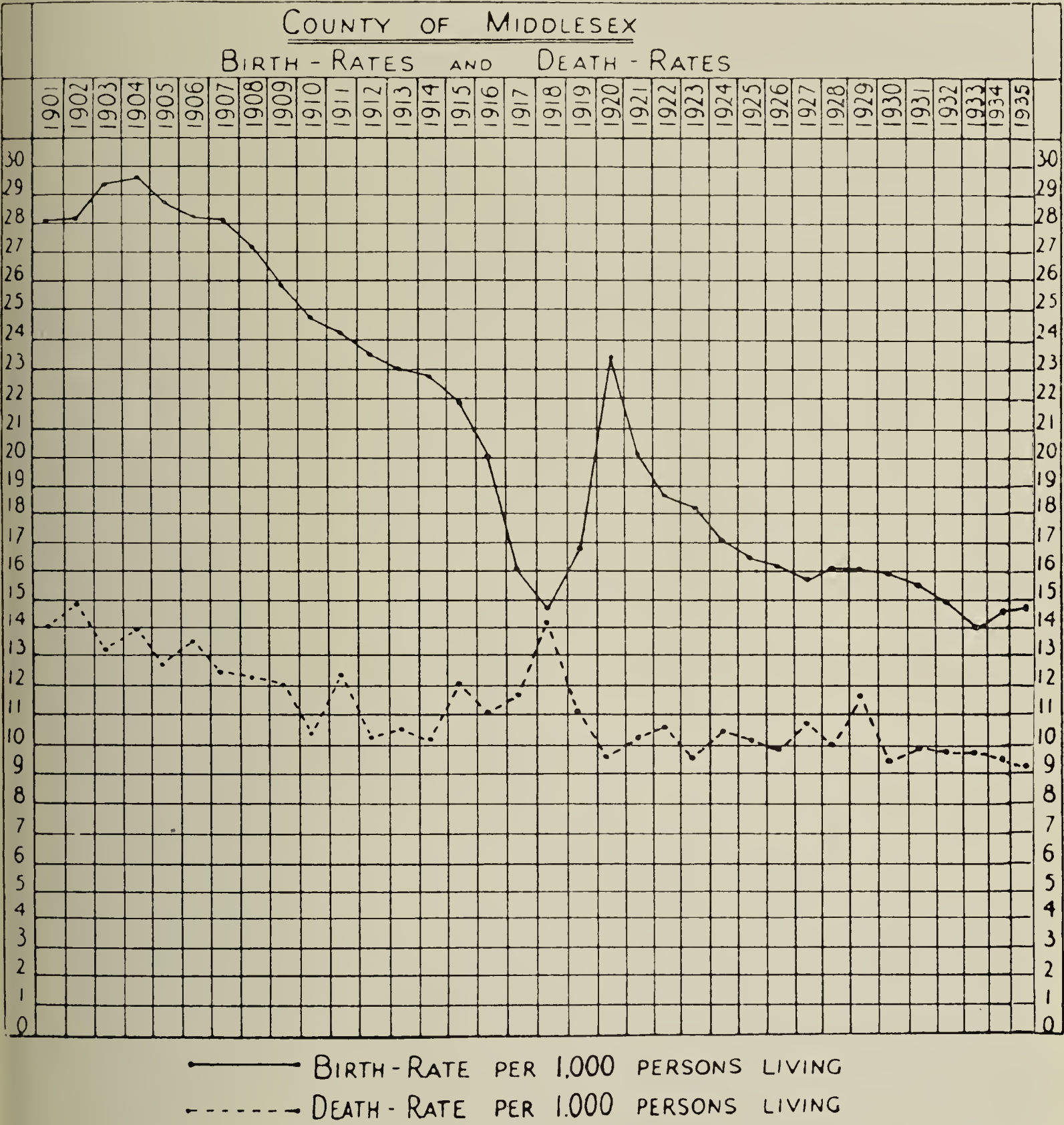
DEATHS AND DEATH-RATES IN EACH DISTRICT, 1935.

Boroughs and Urban Districts.	Under 1 year of age.		At all ages.			
	No.	Rate per 1,000 births.	No.	Recorded Rate per 1,000 living.	Com- parability Factor.	Corrected Rate per 1,000 living.
Acton (<i>Borough</i>)	51	59	702	10·2	1·08	11·0
Brentford and Chiswick (<i>Borough</i>)	34	41	6 2	10·1	1·02	10·3
Ealing (<i>Borough</i>)	91	48	1,357	9·9	1·01	10·0
Edmonton	85	53	869	9·0	1·07	9·6
Enfield	61	50	758	9·8	1·02	10·0
Feltham	28	51	215	9·1	1·14	10·4
Finchley (<i>Borough</i>)	39	48	656	10·5	0·98	10·3
Friern Barnet	13	37	167	6·7	0·98	6·6
Hampton	5	28	144	10·5	0·96	10·1
Hampton Wick	1	32	33	11·2	0·95	10·6
Harrow	106	42	1,108	7·7	1·17	9·0
Hayes and Harlington	22	38	204	6·5	1·36	8·8
Hendon (<i>Borough</i>)	87	50	1,146	8·5	1·18	10·0
Heston and Isleworth (<i>Borough</i>) ..	59	41	778	8·6	1·05	9·0
Hornsey (<i>Borough</i>)	55	49	1,034	10·8	0·91	9·8
Potters Bar	6	37	60	6·4	1·05	6·7
Ruislip-Northwood	13	32	200	8·0	1·10	8·8
Southall-Norwood	38	47	398	8·2	1·14	9·3
Southgate (<i>Borough</i>)	30	44	561	9·0	0·98	8·8
Staines	20	46	246	9·3	0·95	8·8
Sunbury	5	19	129	8·6	1·00	8·6
Teddington	16	54	278	12·0	0·98	11·8
Tottenham (<i>Borough</i>)	107	54	1,460	9·7	1·13	11·0
Twickenham (<i>Borough</i>)	29	42	467	10·0	1·02	10·2
Uxbridge	29	43	367	9·6	1·08	10·4
Wembley	55	34	678	6·8	1·26	8·6
Willesden (<i>Borough</i>)	190	64	1,948	10·3	1·09	11·2
Wood Green (<i>Borough</i>)	27	47	530	9·9	1·01	10·0
Yiewsley and West Drayton	11	36	129	8·6	1·17	10·1
The County	1,313	47·6	17,254	9·2	1·07	9·8

Detailed information as to the different diseases which contributed towards the total number of deaths and the age-groups in which these deaths occurred is given in the following table :—

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF MIDDLESEX, 1935.

Causes of Death.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1. Typhoid and Paratyphoid fevers	12	—	—	—	—	1	3	4	3	—	1	—
2. Measles	7	3	1	1	1	1	—	—	—	—	—	—
3. Scarlet fever	25	1	—	7	9	1	4	2	—	1	—	—
4. Whooping cough	42	23	5	12	2	—	—	—	—	—	—	—
5. Diphtheria	110	2	7	25	70	2	2	—	—	2	—	—
6. Influenza	192	2	1	2	2	7	10	18	34	37	36	43
7. Encephalitis lethargica	23	—	—	—	1	2	6	1	4	4	2	3
8. Cerebro-spinal fever	16	5	3	1	3	1	1	1	—	1	—	—
9. Tuberculosis of respira- tory system	1,028	2	2	2	13	200	287	193	161	126	39	3
10. Other tuberculous diseases	159	7	13	14	38	29	17	16	9	12	2	2
11. Syphilis	34	4	—	—	—	1	2	2	10	9	6	—
12. General paralysis of the insane, tabes dorsalis	77	—	—	—	—	2	4	10	28	20	11	2
13. Cancer, malignant disease	2,488	—	1	3	7	13	32	169	377	667	738	481
14. Diabetes	234	—	—	1	—	2	8	8	10	64	85	56
15. Cerebral hæmorrhage, &c.	809	—	—	—	—	2	3	18	53	162	275	296
16. Heart disease	4,184	—	—	3	16	41	68	126	287	668	1,228	1,747
17. Aneurysm	76	—	—	2	—	4	4	6	14	25	15	6
18. Other circulatory diseases	798	—	—	1	1	1	1	4	46	157	256	331
19. Bronchitis	441	24	3	4	4	6	4	9	37	49	105	196
20. Pneumonia (all forms)	988	154	39	31	24	21	44	58	114	122	185	196
21. Other respiratory diseases	153	3	3	3	5	5	10	18	26	27	25	28
22. Peptic ulcer	221	—	—	—	—	4	9	18	61	71	40	18
23. Diarrhoea, &c.	297	240	12	3	1	2	4	8	6	4	6	11
24. Appendicitis	147	1	1	5	14	11	14	10	29	32	21	9
25. Cirrhosis of liver	65	—	—	—	1	—	2	3	11	22	21	5
26. Other diseases of liver, &c.	97	—	—	1	—	1	4	6	13	23	28	21
27. Other digestive diseases..	378	15	7	10	20	15	22	28	44	76	80	61
28. Acute and chronic nephritis	531	3	2	2	5	18	44	33	63	117	144	100
29. Puerperal sepsis	43	—	—	—	—	9	24	10	—	—	—	—
30. Other puerperal causes ..	48	—	—	—	—	7	25	14	2	—	—	—
31. Congenital debility, pre- mature birth, malforma- tions, &c... .. .	731	716	—	2	5	6	1	—	—	1	—	—
32. Senility	450	—	—	—	—	—	—	—	1	6	75	368
33. Suicide	224	—	—	—	—	17	43	38	54	39	29	4
34. Other violence	693	23	6	28	70	78	103	51	59	72	76	127
35. Other defined diseases ..	1,420	85	14	19	89	67	89	109	180	258	279	231
36. Causes ill-defined, or un- known	13	—	2	1	—	—	1	—	—	—	2	7
All causes	17,254	1,313	122	183	401	577	895	991	1,736	2,874	3,810	4,352



The five principal conditions contributing to the death-rate, which together are responsible for more than half the total deaths, are set out below. The order of their influence upon the death-rate has remained fairly constant for a number of years :—

Condition.	1931.	1932.	1933.	1934.	1935.
Heart disease	2·16	2·18	2·16	2·22	2·24
Cancer	1·36	1·33	1·37	1·37	1·33
Tuberculosis (all forms)	0·71	0·67	0·70	0·70	0·64
Pneumonia (all forms)	0·68	0·61	0·64	0·62	0·53
Cerebral hæmorrhage, &c.	0·46	0·43	0·43	0·43	0·43

INFANTILE MORTALITY.—The number of deaths during 1935 of infants below the age of one year was 1,313, equivalent to an infantile mortality rate of 47·6 per 1,000 births. This is the lowest rate ever recorded for Middlesex with the exception of that for 1934, when a record low figure of 45·5 was attained. As has been the case in previous years, the infantile mortality rate for Middlesex compares very favourably with that recorded for the country as a whole (57). The infantile mortality rate for that area of the County for which the County Council is the maternity and child welfare authority fell to the very low rate of 39·4 per 1,000 births.

An analysis of the 1,313 infantile deaths which occurred shows that over half (716 deaths, 54·5 per cent.) were due to congenital or developmental conditions. Most of these deaths occur in the first few days or weeks of life, and, in the present state of our knowledge, must be regarded as unpreventable. The subject of neonatal deaths is closely allied to that of stillbirths and is largely an obstetrical problem. Improved methods of recognition and treatment of certain maternal disorders should lead to a reduction of this figure.

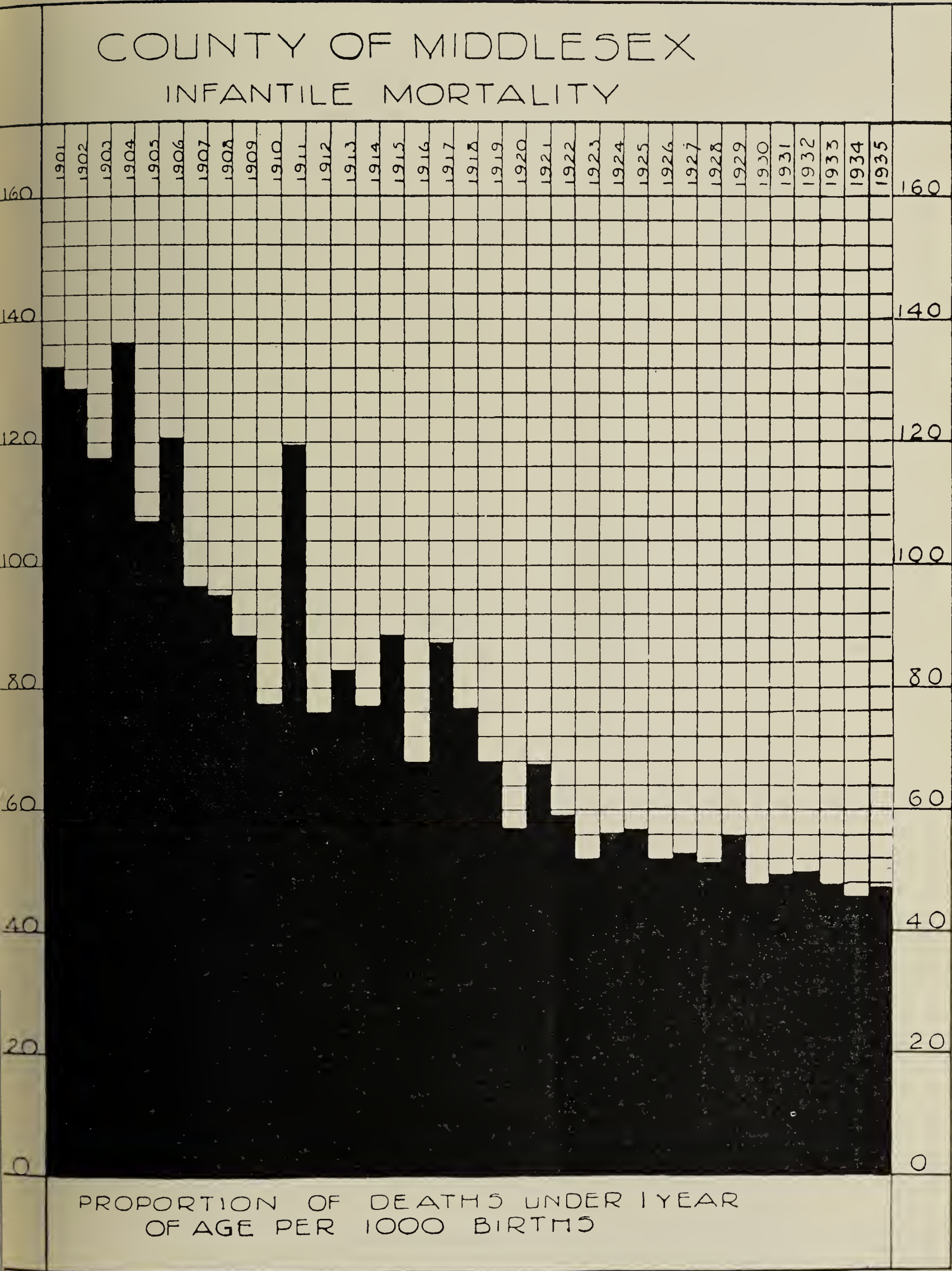
Diarrhoea was responsible for 240 infantile deaths (18·3 per cent.), a somewhat high figure in comparison with those of recent years, and respiratory diseases (pneumonia, bronchitis, influenza, &c., but not including measles or whooping cough) accounted for 183 (13·9 per cent.) deaths of infants.

The following table gives comparative information as to infantile deaths and death-rates in Middlesex, London, the Great Towns and England and Wales, whilst the diagram on page 9 illustrates graphically the variations in the infantile mortality rate for Middlesex which have occurred since the year 1901.

Year.	The County.			London.	Great Towns.	England and Wales.
	Births.	Deaths under 1 year.	Rate per 1,000 births.	Rate per 1,000 births.	Rate per 1,000 births.	Rate per 1,000 births.
1931	25,507	1,267	50	65	71	66
1932	25,437	1,285	50·5	66	69	65
1933	24,501	1,172	48	59	67	64
1934	26,376	1,201	45·5	67	63	59
1935	27,594	1,313	47·6	58	62	57

The composite table on page 5 records the infantile deaths and death-rates in each sanitary district in the County.

MATERNAL MORTALITY.—During the year, the deaths of 91 women occurred from causes connected with pregnancy and childbirth, corresponding to a maternal mortality rate of 3·30 per 1,000 live births. This rate, as is usually the case, is substantially lower than the rate for the country as a whole (4·10 per 1,000).



Maternal deaths are classified by the Registrar General into two principal groups: those due to puerperal sepsis and those attributable to other accidents and diseases of pregnancy and parturition. In each of these groups the Middlesex rate is lower than it was in the previous year. The following table gives information regarding maternal deaths, classified in these two categories during the past five years:—

Year.	Puerperal sepsis.		Other accidents and diseases of pregnancy and parturition.		Total.	
	Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.	Maternal deaths.	Maternal mortality rate.
1931	38	1·49	46	1·80	84	3·29
1932	45	1·77	53	2·08	98	3·85
1933	52	2·12	65	2·65	117	4·77
1934	46	1·74	49	1·86	95	3·60
1935	43	1·56	48	1·74	91	3·30

On page 11 appears a diagram illustrating the variations which have taken place in the maternal mortality rate in Middlesex since the year 1911, and on page 12 is a graph indicating the maternal mortality rates, year by year, for Middlesex and comparing them with the corresponding rates for the whole of England and Wales.

COUNTY OF MIDDLESEX

• MATERNAL MORTALITY •

5.0

4.5

4.0

3.5

3.0

2.5

2.0

1.5

1.0

0.5

5.0

4.5

4.0

3.5

3.0

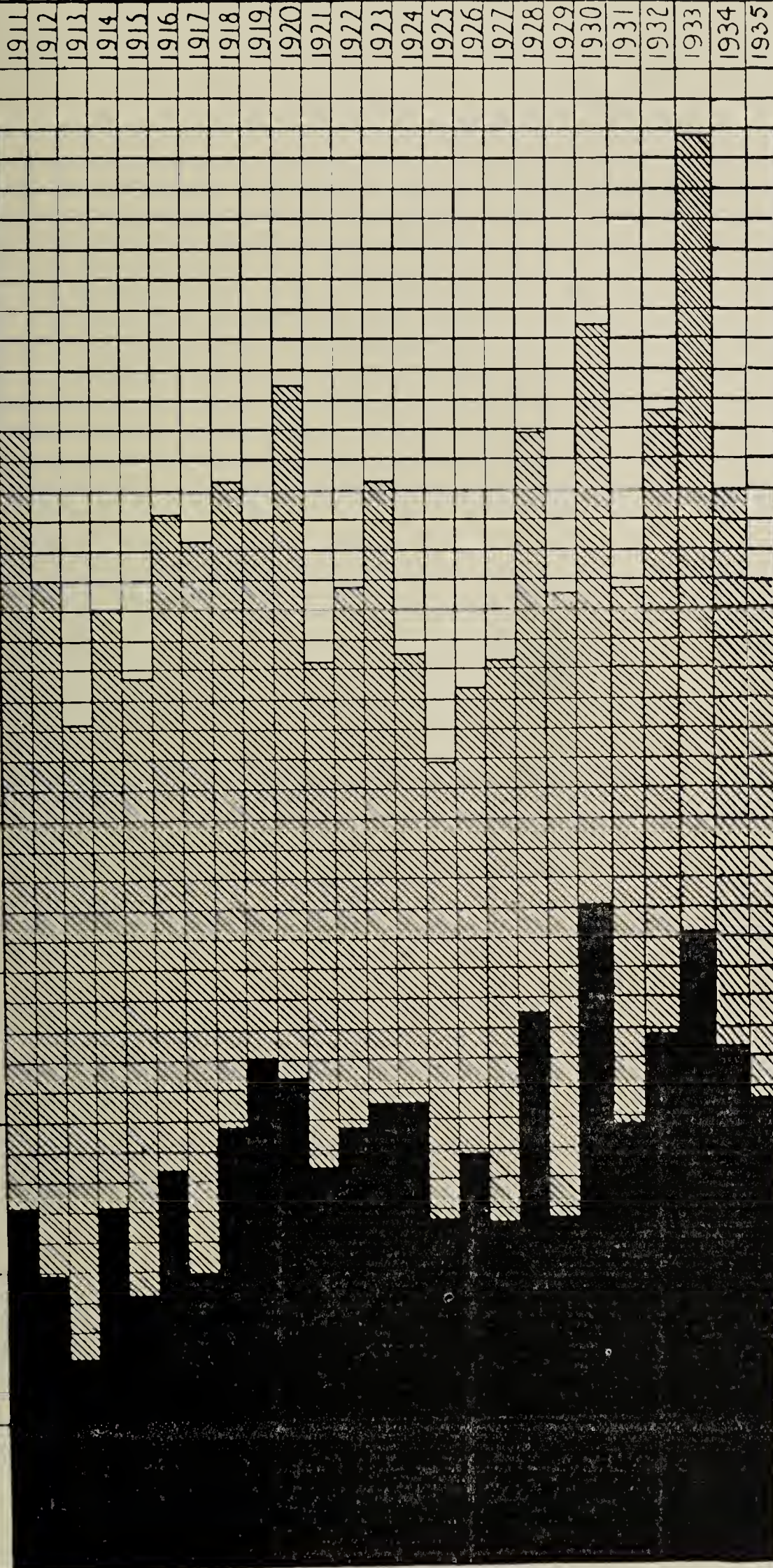
2.5

2.0

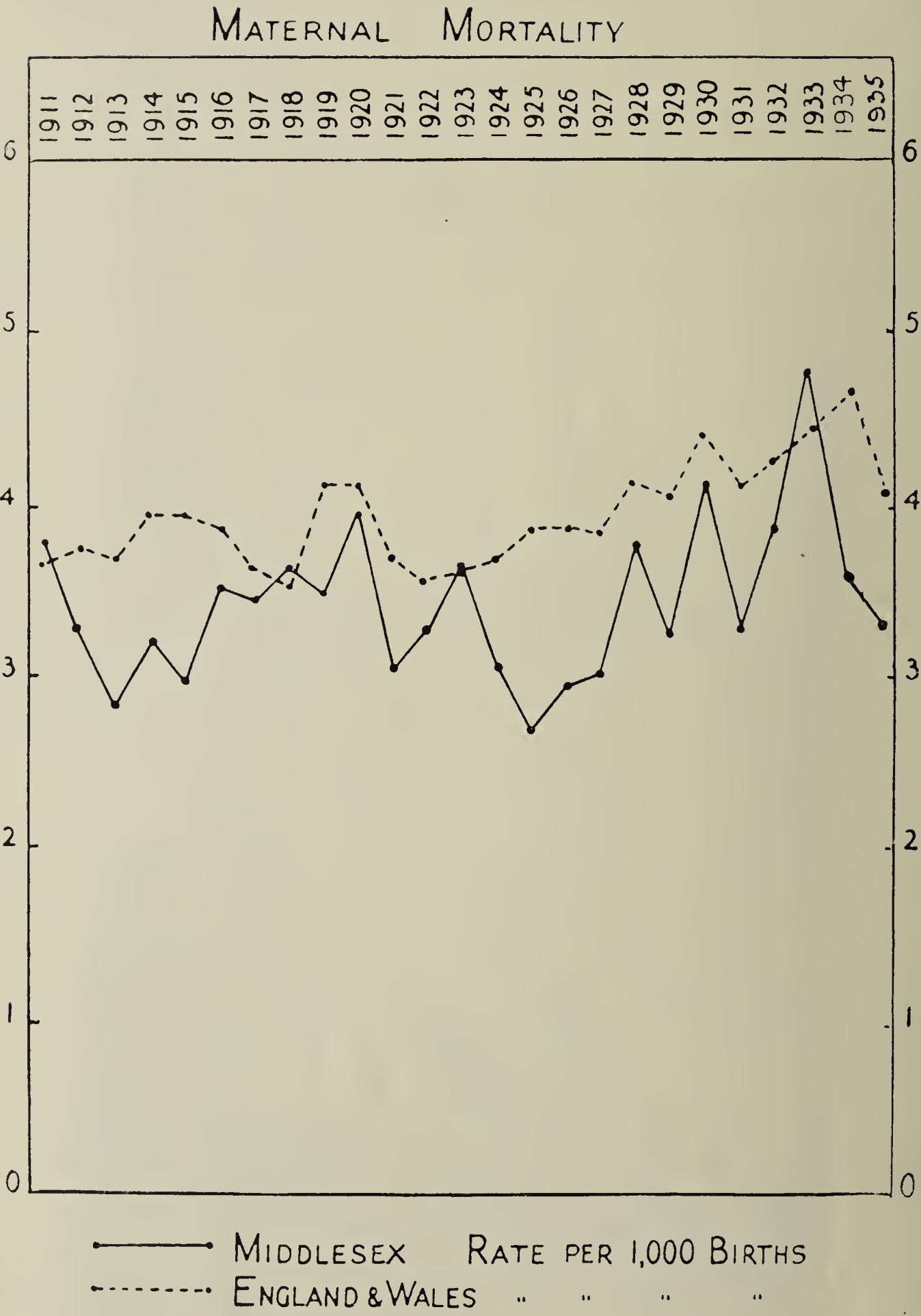
1.5

1.0

0.5



▨ TOTAL MATERNAL MORTALITY RATE PER 1000 BIRTHS.
 ■ PUERPERAL SEPSIS MORTALITY RATE PER 1000 BIRTHS



Medical Services transferred to the County Council under the provisions of the Local Government Act, 1929.

INSTITUTIONAL.

The Local Government Act, 1929, provided for the transference to county and county borough councils of the powers and duties previously exercised by boards of guardians, and was an expression in terms of legislation of the desire of the public that the relief of misfortune, whether arising from financial cause or from sickness, should be dealt with as a social service linked up to other activities already carried out by local authorities, rather than remain a special duty carried out by a body restricted to this one type of work. Apart from the so-called stigma of pauperism, the methods of investigation and of granting assistance employed by certain boards of guardians and their officers had brought the administration of the Poor Law Acts into public disfavour, and the Local Government Act sought to remedy this by the complete abolition of boards of guardians. The Poor Law Acts, however, still remain, and the duty to grant public assistance in cases of necessity continues, although carried out through the medium of another authority. Under the terms of the Local Government Act, schemes of administration were required to be prepared, and in the case of counties it was necessary for such schemes to provide, *inter alia*, that guardians committees should be formed for areas to be approved by the Ministry of Health. These committees were to consist of members of the county council, of local district councils, and of persons other than elected members of the county council, and the desirability of including amongst the latter, persons who were members of Poor Law authorities or specially experienced in Poor Law administration, was stated in the Act. These guardians committees, subject to such restrictions as the county council might impose, were responsible for the examination of applications for relief, the granting of such relief, and the assessment of recipients or their liable relatives as to the amount to be repaid to the county council in respect of such relief. At the discretion of the county council, duties in connection with the inspection and management of institutions, hospitals, &c., also might be carried out by guardians committees.

The Poor Law Act, 1930, repeated the provisions of the Local Government Act, 1929, with regard to guardians committees in the case of counties with the exception of the County of London. In July, 1934, the Middlesex County Council Act, 1934, received Royal Assent, and included in this omnibus Act was a section granting to Middlesex similar powers with regard to Poor Law administration to those obtaining in London. Much time was spent during the early part of 1935 in preparing a new administrative scheme in accordance with the powers granted under the Middlesex County Council Act, 1934, and in connection therewith a complete re-organisation of the functions of the officers concerned with the administration of relief and of the committees themselves was effected. The two provisions of the scheme which call for special comment are as follows:—

“The Public Health Committee of the Council shall act as the Public Assistance Committee. Such Committee shall be designated the Public Health Committee and shall consist of the Chairman and Vice-Chairman for the time being of the Council and of not less than 18, nor more than 36 other members of the Council.”

“The Public Health Committee may appoint such and so many Sub-Committees as they may think fit, and, subject to any directions of the Council, such Sub-Committees may include members of the Council who are not members of the Public Health Committee.”

The replacement of guardians committees by sub-committees of the Public Health Committee comprising only members of the County Council, and the limitation of their functions to that of appeal committees, constitute a most important advance on the old system of Poor Law administration, and afford concrete evidence of the desire of the County Council to deal with those members of the community who require assistance in their times of illness and necessity, not only with consideration but with a minimum of publicity.

The administrative arrangements with regard to the assessment of patients in hospital brought about by the revised scheme were so framed that the transference of the hospitals from Poor Law to Public Health, which the County Council had resolved should take place on the 1st April, 1936, would occasion no disorganisation or radical alteration. In the meantime as opportunity arose, the institution of an almoner system was gradually brought into being. As early as 1931, a trained hospital almoner was appointed at Redhill County Hospital, and in June, 1935, the growing need for increased clerical assistance in the out-patient department of North Middlesex County Hospital was taken advantage of, and an almoner's department was instituted at this hospital. At Central Middlesex County Hospital an attempt was made in 1935 to obtain a clerical assistant with almoner's qualifications for work in connection with out-patients, but this effort was unsuccessful, and in October the County Council decided to proceed with the appointment of whole-time almoners, with any necessary clerical assistants, both for this hospital and for Hillingdon County Hospital. At the end of the year, therefore, West Middlesex County Hospital was the only County hospital which had not the nucleus of an almoner's department. Pending the appropriation of the hospitals in 1936, the almoners appointed were vested with the powers of relieving officers so far as the issue of orders of admission of cases to their own hospitals was concerned.

In last year's report an account was given of the steps which led to the acquisition of Harefield Place for the purpose of a country branch hospital to which patients could be transferred from any of the County hospitals before they were fit for admission to an ordinary convalescent home. During 1935, the required alterations were put in hand, and in October it was decided to take steps to appoint the matron so that she would be available to supervise the furnishing and equipping of the hospital, and the appointment of the requisite staff. In December the Council decided to acquire an adjoining property of about 9 acres which came into the market, and on which there was a two-storied house in excellent repair, which was well suited to provide accommodation for some six or eight nurses who would be required at Harefield Place. The addition of this property greatly enhanced the value of the Harefield Place site from the point of view of future development.

The demands upon the Council's hospital accommodation have continued unabated throughout the year and the urgent need for additional beds (both for acute and chronic cases) still continues. Reference will be found, under the headings of the individual hospitals, to the improvement and modernisation of existing buildings which have been effected during the year, and to the steps which have been taken to increase available accommodation. As has been pointed out in previous reports, however, the value of a hospital service ultimately depends upon the efficiency of the personnel engaged therein, and the County Council is to be congratulated upon the high standard of the qualifications and experience of the medical staff now employed in its service. It may justifiably be claimed that the medical and surgical work carried out at all the County hospitals is of a very high order, and to an ever increasing extent is meeting with the appreciation of the residents in Middlesex.

In December a decision of importance was made by the County Council in connection with the institutional accommodation of maternity cases. Beds for maternity cases are provided at all the Council's general hospitals, and proposals for a substantial increase in the number of such beds was made by the County Council and approved by the Ministry of Health. Upon completion of the contemplated additions, the County Council should be able to accommodate during their confinements all women suffering from financial necessity, all cases requiring admission to hospital on medical grounds, and a substantial proportion of those women whose home environment cannot be deemed suitable for confinement to take place therein. There is, however, a very strong and growing demand for hospital accommodation during their confinements, from women who do not come within any of the above categories, and the question arises as to whether, if this demand is to be met, the requisite additional accommodation should be provided by the local maternity and child welfare authorities in *ad hoc* maternity homes, or by the County Council in extensions of the maternity departments of their general hospitals.

Two municipal maternity homes already exist in Middlesex, provided by the Boroughs of Ealing and Brentford and Chiswick jointly, and by the Borough of Willesden, and certain other borough and district councils have had under review the question of making similar provision. In 1935, arising out of the need for the extension of the local isolation hospital, the question of the desirability of replacing the existing Ealing, Brentford and Chiswick maternity home by a new and larger building upon another site, was under consideration, and in connection therewith the Ealing Borough Council forwarded to the Ministry of Health a resolution in the following terms:—

“That in accordance with the suggestion contained in the memorandum of the Medical Superintendent the question be deferred and that the Ministry of Health be asked, in view of the cost being higher than was anticipated, to tender advice to the Council as to the way in which reduction in cost could be effected, and further, notwithstanding the adoption of this suggestion the Ministry of Health be informed that this Council is of opinion that pressure should be brought to bear upon the Middlesex County Council to carry out this service and thus spread the cost over the whole of the County.”

The Ministry of Health requested the views of the County Council upon this resolution, and also upon the proposal of the Urban District Councils of Harrow and Wembley to erect a maternity home for the joint use of their districts. After conference with officers of the Ministry of Health it became evident that the view expressed in the final report of the Departmental Committee on Maternal Mortality and Morbidity (which emphasized the advantages of maternity accommodation being provided in conjunction with general hospitals) was strongly supported by the Ministry. The whole subject was very fully considered by the County Council, and, as a result, the County Council adopted a resolution approving in principle, as a public health measure, the provision at the County general hospitals of such accommodation for maternity cases as might be necessary adequately to meet the legitimate needs of the County. With regard to the existing municipal maternity homes belonging to Ealing, Brentford and Chiswick and Willesden, the County Council resolved to confer with the Borough Councils with a view to arriving at an equitable agreement with these authorities.

It may not be out of place at this juncture to refer to the serious risk of the introduction and spread of infection where large numbers of women are congregated together during and after confinement. Much has been written on this subject and at various times distressing outbreaks of puerperal fever have occurred in hospitals and homes in various parts of the country. Every precaution is taken by members of the staff employed in the maternity wards of the County hospitals

to minimize the risk of such an occurrence. Only those members of the medical, nursing or lay staffs of the hospitals as are actually employed in the wards are permitted to enter the departments, and, at the slightest suspicion of a cold or sore throat, a midwife or pupil-midwife is required to report sick, and numbers of other precautions are taken. On the other hand, in the case of visitors to the patients these essential precautions cannot be observed and infection may well be inadvertently introduced into a maternity department. In December, therefore, in the interests of the patients, the County Council formulated a rule limiting the visitation of women in the maternity wards to husbands, unless in special circumstances the Medical Superintendent concerned decided that an exception to this rule should be permitted.

An important extension of the services rendered by the County Council was referred to in last year's report. Arising out of an application from the Urban District Council of Enfield, the County Council agreed, in principle, to the proposal that medical officers of the county hospitals should be available to assist local maternity and child welfare authorities in a consultative capacity in connection with cases of obstetrical difficulty, puerperal fever and puerperal pyrexia, where arrangements could be made between the County Council and the local authority which would not seriously interfere with the work of the county hospitals. A scheme on these lines was brought into operation in the case of Enfield during the year, and the following comment by the Medical Officer of Enfield in his annual report for 1935, may be of interest:—

“During the year it was possible to arrange with the Middlesex County Council for a gynæcologist and obstetrician from the North Middlesex County Hospital to be available to the practitioners of Enfield when attending confinements of Enfield women in the district. All that the practitioners have to do is to telephone to the hospital when they will be able to consult immediately with the specialist who is resident at the hospital. In cases where it appears to be necessary, the patient is admitted to the hospital; in other cases the specialist visits the home in consultation with the practitioner in charge of the case. Each time the specialist visits a case the Council pays to the Middlesex County Council a fee of £2 2s., and of this a reasonable amount is obtained from the patient. . .

“I have received letters of appreciation and thanks from patients where this help has been given. It is very gratifying to think that any doctor in Enfield can obtain this help almost immediately, and I consider this to be one of the wisest steps the Council has taken in connection with the abating of maternal mortality in the district.”

During 1935, a substantial improvement in the County Council's ambulance arrangements was effected. Several worn out vehicles were replaced, and a number of additional ambulances were purchased. It has now been found possible to provide a twenty-four hours ambulance service in connection with the larger hospitals, and ambulances from these hospitals also are available for use at night on behalf of the smaller hospitals when the need arises.

The eighth and ninth County Nurses' Examinations were held during the year, and once again a healthy spirit of rivalry between nurses trained in the several county hospitals was evinced. 100 nurses presented themselves for examination, and 88 were successful in obtaining the County Council's certificate. The standard attained by the candidates examined in April was not quite so high as is usual, and only one of the two County silver medals was awarded. In April the County gold medal was gained by a nurse trained at West Middlesex County Hospital, and a silver medal by a candidate of North Middlesex County Hospital; in September the gold medal was obtained by Central Middlesex County Hospital, and silver medals by Central Middlesex and Hillingdon County Hospitals. The last result is of interest, as the successful candidate was one of the first two nurses who had received complete training at Hillingdon County Hospital since this hospital was approved by the General Nursing Council as a complete training school.

In dealing with a problem of the magnitude which faces the Middlesex County Council in its endeavours to provide adequate, efficient and humane treatment for the sick in its area, progress necessarily must be slow. Not only is the existing size of the population to be dealt with one of the largest in the country under the administrative control of a single authority, but this population continues daily to increase in a phenomenal manner. The transference of hospitals from Poor Law to Public Health control, which is to be effected in April, 1936, also is a factor which must be borne in mind in considering the lines upon which development should proceed. With regard to the northern portion of the county, as mentioned in last year's report, the Minister of Health has expressed his concurrence with the decision of the County Council to adapt Chase Farm Schools for the accommodation of aged, but healthy inmates from Edmonton House. This course will permit the latter institution, which is within the same curtilage as North Middlesex County Hospital, to be merged in the hospital, and in the extended establishment enable provision to be made for the treatment of patients suffering from both acute and chronic illnesses. The position is complicated by the fact that many, it might be said most, of the existing buildings which constitute Edmonton House, are old and unsuitable for any purpose. Much time and thought has been given by members and officers of the County Council as to the most satisfactory way in which the development of the hospital could be effected and, after consideration of various schemes, the plan which commended itself to the County Council was the replacing of Edmonton House buildings by a large modern hospital adapted to deal with acute medical and surgical cases, and with new blocks for maternity patients and for the

observation and treatment of persons suspected to be suffering from mental disease. Under this scheme, the existing buildings forming North Middlesex County Hospital, would be utilized for the reception of the more chronic types of case. The erection of a large modern hospital is calculated to entail an expenditure of not less than £500,000, and before undertaking such an expenditure, the County Council was anxious to be certain that the scheme ultimately accepted should be the best which could be devised. The advantages of the vertical type of hospital planning were appreciated, and the limitation of the size of North Middlesex County Hospital and Edmonton House site, was a further cogent argument in favour of this type of building. On the recommendation of the Public Health Committee, however, the County Council resolved that a deputation of members and officers of the Council should be sent to inspect certain modern hospitals, both at home and abroad, in order that buildings of the general character proposed could be seen under actual working conditions, and the various advantages and disadvantages appraised. As new buildings, or extensions to existing buildings, will be needed in all parts of this growing county, it was thought proper to include in the deputation not only members of the Council especially interested in the North Middlesex County Hospital scheme, but also representatives of other areas of the county concerned with the management of other county hospitals. The deputation, therefore, which was appointed by the Council comprised the Chairman of the Public Health Committee, the Vice-Chairman of the Public Health Committee, who also is Chairman of the Northern Hospitals Committee, together with the Chairmen of the Central and Southern Hospitals Committees. These members were accompanied by the County Architect, the Medical Superintendent of North Middlesex County Hospital and myself. Hospitals were visited in France, Germany and Austria, and the many points of construction, layout, and equipment noted fully justified the County Council's foresight in authorising the tour of inspection. An illustrated report prepared by the deputation was presented to the County Council, and in view of the interest shown by the Council and by the public generally in the details of foreign hospital practice noted therein, the report is reprinted as an appendix to this report. Visits also were paid to several hospitals in this country, *e.g.*, the Llandough Hospital, Cardiff; the Western Infirmary, Glasgow; the Royal Infirmary, Edinburgh; the Freemasons Hospital, London, and others. At each of these hospitals the deputation was most cordially received, and much useful information was acquired. On the major issue, it may be said that the experience gained confirmed the members of the deputation in the view that vertical planning of large hospitals undoubtedly is the most satisfactory method and is especially suitable in the case of a limited site such as that of the North Middlesex County Hospital.

North Middlesex County Hospital.—The subject of the future development of this hospital has been dealt with, but reference may be made to several matters of interest which took place during 1935. Chief amongst these may be mentioned the completion of the substantial extension of the Nurses' Home commenced last year. The formal opening of this extension was performed by Lady Button, the wife of the Chairman of the County Council, on 17th October, 1935, and was the occasion of a very pleasant ceremony. Certain improvements to the existing Nurses' Home, such as the provision of adequate cold storage, the covering of the corridor in the night nurses' section of the Home with rubber flooring, etc., were carried out during the year, whilst arrangements in connection with ward kitchens in the hospital itself were improved and augmented. Experience in the hot weather during the summer indicated that the mortuary arrangements could not be deemed satisfactory, and in October the County Council decided to install cold chambers for the bodies, a practice followed in all modern mortuaries, and this action should result in substantial improvement in the future.

Redhill County Hospital.—During 1934 the pressure of work at this hospital has continued, and the urgent need for the extensions decided upon by the County Council has been only too apparent. The area served by Redhill County Hospital is one of the most rapidly developing in Middlesex, and it would appear that not only will further extension be called for in the near future, but it may well be that the County Council will require to establish an additional hospital to serve the needs of part of the area which at present is served by Redhill County Hospital. Throughout the year working drawings, preparatory to the invitation of tenders, were being made, and it is anticipated that building will be commenced in 1936. Meanwhile an increase in the medical staff to deal with the ever-growing activities of the hospital has been made feasible by placing one of the assistant medical officers on a non-resident basis.

Central Middlesex County Hospital.—Many changes have taken place at this hospital during 1935. Dr. Turner, the Medical Superintendent, who had been in charge of the hospital since 1906, had been in indifferent health for some considerable time and was advised by his doctor that it was unwise for him to retain office during the coming winter. Accordingly, his long and faithful service ceased on 30th November, and his successor, Dr. H. Carter, commenced duty early in 1936.

The construction and extension of the mental observation block, decided upon in December, 1934, continued to engage the attention of the County Council. After conference with officers of the Ministry of Health, it was resolved to recast the plans with a view to providing for greater segregation

of the different types of cases which might be admitted. Tenders for carrying out the new scheme were accepted by the County Council in December, and building will be proceeding next year.

Central Middlesex County Hospital, which was erected about 35 years ago, was designed to deal with the type of patient usually accepted for treatment in Poor Law institutions at that date, and, whilst the buildings are substantially constructed and in good condition, they do not provide the facilities needed in an institution dealing with acute illness. The ward blocks themselves are lacking in modern requirements and the accommodation intended for the use of the receiving department is so limited in size that it has not been used for its original purpose for some years past; no proper provision for out-patients exists, and the maternity department was so inadequate for present demands that, as stated in previous reports, maternity work has been transferred from this building to the top floor of the new block for the reception of children, opened in 1933.

To meet these and other needs, schemes for substantial additions to the hospital have been under consideration by the Council, as well as plans for the modernisation of the existing buildings. The major scheme for extension received the approval of the County Council in 1935, and may be summarised as follows :—

Erection of a maternity block for approximately 60 patients. This will permit the present accommodation in the children's block used for maternity cases to revert to the purpose for which it was designed, and should prevent the necessity of accommodating children in adult wards.

Provision of a new admission and out-patient block. This will contain waiting, examination and treatment rooms for casualties and admissions, a minor operating theatre, and suitable accommodation for special out-patient departments, *e.g.* ophthalmic, dental, ante-natal, orthopædic, X-ray, etc. There is also to be provision for pathological laboratories, almoner's office, out-patient dispensary, etc. An extension of the nurses' home was included in the scheme which was approved by the County Council in May, whilst in October the Council agreed in principle to the inclusion of an additional operating theatre block in the general extensions.

The scheme as a whole received further consideration in December, when it was decided to incorporate in the proposed operating theatre block a small unit of 10 single bedded rooms, with ward kitchen, lavatories, etc., to receive certain patients immediately after operation, and also to act as a night admission block. In view of the present unsatisfactory and inadequate heating arrangements at the hospital, and the importance of extending the present boiler house, it was decided to re-organise entirely the engineering service at the hospital. The proposals include the provision of a new boiler house, the replacement of the existing electrical distribution and the discontinuance of electrical generation in the institution. Provision also is made for the erection of a new mortuary block and ambulance garage.

A scheme of the magnitude outlined above will take some considerable time before completion and several temporary expedients have been adopted to provide for the more pressing requirements of the hospital. Amongst these may be mentioned alterations to the old receiving department so as to render it usable (although still inadequate) as a temporary admission block; the equipment of a small laboratory in which simple routine pathological investigations may be carried out; the purchase of a minimum amount of duplicate operating theatre equipment with a view to utilising the present anæsthetic room as a second operating theatre in case of emergency; the adaptation of a small building at the entrance of the hospital as temporary accommodation for the newly-appointed almoner; the equipment of a room in the hospital as a temporary dental clinic; and the utilisation of the ground floor of the old maternity department for the purposes of ante-natal and other out-patient clinics.

Very large numbers of relatives and friends of patients visit the hospital on visiting days, and much inconvenience has been felt, especially during rainy weather, owing to the absence of a hall or room where they can assemble and wait. The erection of a suitable building was, therefore, decided upon and plans drawn up after the summer recess. With regard to the ward blocks themselves, a scheme of modernisation had been approved prior to the present year, and it had been decided that the best plan would be to undertake the requisite alterations to one ward block each year until the whole work had been completed. Various reasons prevented the carrying out of this plan during 1934, and it was agreed, therefore, that in 1935 two ward blocks should be dealt with. The extensive nature of the improvements now being undertaken may be gathered from the following summary :—

1. Modernisation of sanitary arrangements ;
2. Erection of small extensions to form clinic rooms, linen rooms, etc. ;
3. Provision of verandahs ;
4. Installation of modern heating arrangements with removal of central ward fire places ;
5. Provision of modern equipment in ward kitchens ;
6. Improvement of lighting arrangements and general redecoration.

There is no doubt that, when these works have been completed, very admirable wards will result which, in addition to providing the facilities requisite for the proper nursing and treatment of patients, will afford a much more cheerful environment for the patients accommodated therein.

The steady increase in the proportion of cases of acute illness dealt with at this hospital has necessitated substantial strengthening of the nursing staff, together with the appointment of additional technical officers such as a second assistant radiographer and a laboratory technician. Perhaps the most interesting feature with regard to the staff, however, relates to Mr. James, the senior surgeon of the hospital. Mr. James was anxious to obtain special experience in the technique of modern surgery of the brain and nervous system, and, in order to enable him to do so, the County Council granted him six months' special leave, during which period he was attached to Mr. Cairns of the London Hospital, who is acknowledged as a leading exponent of this very specialised branch of surgery. The experience thus gained by Mr. James has placed at the disposal of the County Council a surgeon with most valuable experience and knowledge, to whom suitable cases from all the County Council's hospitals may be referred.

West Middlesex County Hospital.—As in the case of Central Middlesex County Hospital already referred to, a scheme of modernisation of the several ward blocks of this hospital is in progress, and during 1935 block "A" came under review. This block is a three-storied one, each floor having one main and one side ward, together with kitchen, linen rooms, baths and sanitary arrangements. An extensive scheme of re-organisation, including the removal of central ward stoves, the provision of central heating, a new lighting system, lavatory basins in the wards, etc., etc., was approved in February and tenders accepted in July.

Pressure on the maternity accommodation in the hospital led to the re-opening of the disused maternity block of 16 beds, situated in Warkworth House, and, during 1935, even with this addition the maternity accommodation was much below the requirements of the hospital. In February the County Council approved in principle a proposal to adapt a detached building, known as Toolands House and formerly used as the local public assistance offices, to house the preliminary training school and as quarters for pupil-midwives, who at this time were accommodated in the upper floor of the Queen Mary Maternity Wing, and to adapt the rooms thus vacated as additional maternity accommodation. The scheme was developed during the year, tenders being accepted in April for the necessary adaptation of Toolands House, and, in December, for the adaptation of the upper floor of the maternity wing. When the work is completed an additional 32 beds will be available in the maternity wing in a very much shorter time than would have been possible by any other method.

Towards the end of June, a substantial step towards the realization of the County Council's policy to accommodate cases of chronic sickness in hospitals under medical control, was taken by the transference of aged and able-bodied inmates from Warkworth House to Percy House, the adaptation of which was completed at this date. Thereafter Warkworth House ceased to exist as such, and became an extension of West Middlesex County Hospital. Much structural alteration will be required before it can be deemed to be reasonably suitable for its intended purpose, but, even if the change in use had not been effected, a very large capital expenditure would have been called for at an early date, owing to the necessity of renewing the heating and other engineering services of this establishment. As a consequence of the transference of inmates from Warkworth House to Percy House, paid workers were engaged to replace many of the inmates who had been carrying out various duties in the institution.

The medical staff at West Middlesex County Hospital is not sufficiently large to meet the requirements of an institution dealing with over 1,000 persons suffering from acute and chronic illnesses, especially having regard to the increasing number of cases of acute illness which seek admission, and, at the close of 1935, it was decided to strengthen the staff by the appointment of a whole-time anaesthetist, and also a medical officer to be in constant attendance in the casualty and receiving departments.

Hillingdon County Hospital.—This hospital, although the smallest of the County hospitals and the hospital where, pending extension, almost all departments required in a hospital dealing with acute and serious illness have to be found temporary and inadequate accommodation in buildings designed for other purposes, continues to carry out a relatively enormous amount of highly skilled medical treatment. The reputation of the hospital is now well established and the demands upon it are so numerous and urgent that the extensions approved by the County Council are anxiously awaited. The resident medical staff are accommodated in side wards which are urgently needed for patients, and the Medical Superintendent himself lives in a small house some little distance from the hospital, which has been rented by the County Council as a temporary measure.

The position with regard to the housing of the medical staff should be rectified during the coming year, for in October tenders were accepted by the County Council for erection, in the hospital grounds, of a house for the Medical Superintendent and a hostel for the assistant medical officers.

As in previous years a summary of the work carried out at the various County hospitals is set out on the following pages, but detailed information with regard to each hospital will be found in the appendices of this report. It should be added that in addition to the record of treatment contained in the summary, 703 persons were sent by the County Council to convalescent homes, 90 to special hospitals and homes, and 25 to epileptic colonies. The total number of persons maintained in these establishments by the Council at the close of 1935 was :—

The County Council Convalescent Home, Edgbury	58
Other convalescent homes	25
Special hospitals and homes	43
Epileptic colonies	113

SUMMARY OF RETURNS RELATING TO THE INSTITUTIONAL TREATMENT OF THE SICK PREPARED BY THE MEDICAL SUPERINTENDENTS AND MEDICAL OFFICERS.

North Middlesex County Hospital.

ACCOMMODATION FOR THE SICK, MATERNITY AND MENTAL CASES AND THE NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	4	70	96	75	60	—	—	145	156
Surgical	6	106	87	106	129	—	—	212	216
Chronic sick*	9	141	92	199	177	—	—	340	269
Children	2	—	—	—	—	82	83	82	83
Tuberculosis ..	—	—	16	—	21	—	3	—	40
Maternity block..	1	—	—	66	61	—	—	66	61
Mental	2	19	4	21	8	—	—	40	12
Mental defectives	—	—	1	—	—	—	—	—	1
Epilepsy	—	—	3	—	8	—	—	—	11
Senile Dementia..	1	—	8	65	53	—	—	65	61
TOTAL	25	336	307	532	517	82	86	950	910

* NOTE.—Patients needing hospital treatment because they are suffering from some chronic disease ; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

Not included in above table :—

20 balcony beds (available in summer only) for tuberculous patients Occupied 31st December, Nil.
66 cots for maternity infants , , , 55.

Extent of Provision for Out-Patients.

Nature and scope of the out-patient provision for continuation of treatment, emergency treatment, consultations or otherwise.	The out-patient department provides for treatment of casualties, after-care, consultations and treatment in special departments. These departments are as follows :— (1) General medical ; (2) General surgical ; (3) Ear, nose and throat ; (4) Ophthalmic ; (5) Massage ; (6) Ante-natal ; (7) Gynæcological ; (8) Casualty ; (9) Dental ; (10) Radium and deep and superficial X-ray therapy ; (11) Radiological (diagnostic) ; (12) Fracture ; (13) Varicose veins ; (14) Electro-therapeutic ; (15) Ultra-violet light ; (16) Psychiatric.		
Total number of persons seen in the out-patient department.	12,370 (excluding ante-natal cases).		
Number of these persons who were admitted for in-patient treatment.	714	do.	do.
Number of these persons who had received in-patient treatment.	1,900		
Total number of attendances in the out-patient department.	83,488	do.	do.
Ante-natal clinic	{ Number of women seen 2,105 Total number of atten- 9,672 dances.		

Edmonton House.

ACCOMMODATION FOR THE SICK AND THE NUMBER OF BEDS OCCUPIED ON
31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Chronic sick	9	91	91	120	120	—	—	211	211

Enfield House.

ACCOMMODATION FOR THE SICK AND THE NUMBER OF BEDS OCCUPIED ON
31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Chronic sick	10	40	40	72	71	—	—	112	111

Chase Farm.

ACCOMMODATION FOR THE SICK, AND THE NUMBER OF BEDS OCCUPIED ON
31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Chronic sick	4	—	—	37	36	—	—	37	36

Edgbury Convalescent Home.

ACCOMMODATION FOR THE SICK, AND THE NUMBER OF BEDS OCCUPIED ON
31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	12	—	—	76	50	—	8	76	58

Central Middlesex County Hospital.

ACCOMMODATION FOR THE SICK, MATERNITY AND MENTAL CASES, AND THE NUMBER OF BEDS
OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	8	121	115	146	138	—	11	267	264
Surgical	5	70	63	50	45	—	2	120	110
Chronic sick	3	90	90	151	152	—	—	241	242
Children	3	—	—	—	—	114	105	114	105
Tuberculosis	2	9	4	8	6	—	—	17	10
Maternity	1	—	—	28	23	—	—	28	23
Mental	2	3	2	3	—	—	—	6	2
Mental defectives	—	—	—	28	28	—	—	28	28
Other	1	—	—	10	—	—	—	10	—
Total	25	293	274	424	392	114	118	831	784

Not included in above table :—

28 cots for maternity infants Occupied 31st December, 25.

Extent of provision for Out-Patients.

Nature and scope of the out-patient provision for continuation of treatment, emergency treatment, consultations or otherwise.	Casualties, massage, electrical treatment, X-ray, after-treatment of injuries, psychiatric.
Total number of persons seen in the out-patient department.	2,168 (excluding ante-natal).
Number of these persons who were admitted for in-patient treatment.	27
Number of these persons who had received in-patient treatment.	286
Total number of attendances in the out-patient department.	7,803 do. do.
Ante-natal clinic {	Number of women seen .. 778
	Total number of attendances 3,067

Redhill County Hospital.

ACCOMMODATION FOR THE SICK AND MATERNITY CASES, AND THE NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	2	32	18	31	26	—	—	63	44
Surgical	2	32	30	29	21	—	—	61	51
Children	1	—	—	—	—	26	33	26	33
Tuberculosis	—	—	—	—	1	—	3	—	4
Isolation	—	—	—	3	2	3	—	6	2
Maternity	1	—	—	21	20	—	—	21	20
Ear, nose and throat ..	2	5	2	7	2	6	11	18	15
Total	8	69	50	91	72	35	47	195	169

Not included in above table :—
20 cots for maternity infants Occupied 31st December, 19.

Extent of provision for Out-Patients.

Nature and scope of the out-patient provision for continuation of treatment, emergency treatment, consultations or otherwise.	In-patients transferred to out-patients, casualties and patients seen for consultation, or otherwise, are seen in the following out-patient departments :—General medical, general surgical, ear, nose and throat, X-ray, massage, electro-therapeutic and ultra-violet light, daily; ante-natal, orthopædic and dental, each twice weekly; post-natal, head injury clinic, varicose vein clinic and genito-urinary clinic, each once weekly.		
Total number of persons seen in the out-patient department.	6,522	(excluding ante-natal).	
Number of these persons who were admitted for in-patient treatment.	438		
Number of these persons who had received in-patient treatment.	1,172		
Total number of attendances in the out-patient department.	26,132	do.	do.
Ante-natal clinic	{ Number of women seen 868 Total number of attendances. 3,717		

Redhill Institution.

ACCOMMODATION FOR THE SICK AND THE NUMBER OF BEDS OCCUPIED
ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	—	—	—	—	—	—	2	—	2
Chronic sick	7	38	32	79	72	—	—	117	104
Tuberculosis	—	—	4	—	4	—	—	—	8
Total	7	38	36	79	76	—	2	117	114

West Middlesex County Hospital.

ACCOMMODATION FOR THE SICK AND MATERNITY CASES, AND THE NUMBER OF BEDS OCCUPIED
ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	13	108	103	133	97	—	—	241	200
Surgical	4	45	35	45	27	—	—	90	62
Chronic	39	187	184	325	320	—	—	512	504
Children	10	—	—	—	—	150	105	150	105
Tuberculosis	4	16	11	17	18	—	—	33	29
Isolation	—	—	—	—	—	16	16	16	16
Maternity	14	—	—	52	50	—	—	52	50
Mental—									
(a) Shortstay	2	6	6	19	19	—	—	25	25
(b) Long stay	7	—	—	—	—	—	—	—	—
Mental defectives		2	2	—	—	—	—	2	2
Other mental cases		37	27	86	81	2	2	125	110
Total	93	401	368	677	612	168	123	1,246	1,103

Not included in above table :—
46 cots for maternity infants Occupied 31st December, 26.

Extent of provision for Out-Patients.

Nature and scope of the out-patient provision for continuation of treatment, emergency treatment, consultations or otherwise.	Ophthalmic, electrical department, massage, X-ray, casualties, psychiatric.
Total number of persons seen in the out-patient department ..	1,715 (excluding ante-natal).
Number of these persons who were subsequently admitted for in-patient treatment in the Institution	87
Number of these persons who had received in-patient treatment in the Institution	409
Total number of attendances in the out-patient department ..	13,201 do. do.
Ante-natal clinic {	
Number of women seen	865
Total number of attendances	6,100

Hillingdon County Hospital.

ACCOMMODATION FOR THE SICK AND MATERNITY CASES, AND THE NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN (Under 16).		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
Medical	2	17	12	17	14	—	3	34	29
Surgical	2	32	29	33	31	—	12	65	72
Children	1	—	—	—	—	17	20	17	20
Tuberculosis	—	—	4	—	3	—	1	—	8
Maternity	—	—	—	12	16	—	—	12	16
Total	5	49	45	62	64	17	36	128	145

Not included in above table :—

12 cots for maternity infants Occupied 31st December, 12.

Extent of provision for Out-Patients.

Nature and scope of the out-patient provision for continuation of treatment, emergency treatment, consultations or otherwise.

Orthopædic clinic, urological clinic, ear, nose and throat clinic, general medical clinic, general surgical clinic, casualties, massage.

Total number of persons seen in the out-patient department, 2,638 (excluding ante-natal).

Number of these persons who were admitted for in-patient treatment, 567.

Number of these persons who had received in-patient treatment, 563.

Total number of attendances in the out-patient department, 13,414 (excluding ante-natal).

Ante-natal clinic

{Number of women seen, 440.
Total number of attendances, 1,609.

Hillingdon Institution.

ACCOMMODATION FOR THE SICK, MATERNITY AND MENTAL CASES, AND THE NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN. (Under 16).		Total.	
		Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.
Medical	—	—	1	—	3	—	10	—	14
Chronic sick	2	54	56	55	54	—	—	109	110
Tuberculosis	—	—	—	—	1	—	—	—	1
Maternity	—	—	—	—	2	—	—	—	2
Mental defectives	—	—	2	—	—	—	—	—	2
Epileptics	—	—	1	—	4	—	3	—	8
TOTAL	2	54	60	55	64	—	13	109	137*

* This number is in excess of beds provided owing to extra beds crowded into sick wards.

Staines Institution.

ACCOMMODATION FOR THE SICK, MATERNITY AND MENTAL CASES, AND THE NUMBER OF BEDS OCCUPIED ON 31ST DECEMBER, 1935.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN (Under 16).		Total.	
		Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.
Medical	2	6	6	6	6	—	—	12	12
Surgical	2	5	5	4	—	—	1	9	6
Chronic sick	9	57	53	44	41	—	—	101	94
Children	1	—	—	—	—	9	8	9	8
Maternity	2	—	—	5	2	—	—	5	2
Mental	1	2	—	—	—	—	—	2	—
Mental defectives	1	—	—	1	1	—	—	1	1
Other	1	1	1	—	—	—	—	1	1
Total	19	71	65	60	50	9	9	140	124

STATISTICS RELATING TO IN-PATIENTS DEALT WITH AT THE COUNTY HOSPITALS AND INSTITUTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1935.

Institutional Medical Services.

	North Middlesex County Hospital.	Edmonton House.	Enfield House.	Chase Farm. Cases transferred from County Hospitals and Institutions.	Edgbury Con- valescent Home.	Central Middlesex County Hospital.	Redhill County Hospital.	Redhill Institu- tion.	West Middlesex County Hospital.	West Middlesex County Hospital extension.	Hillingdon County Hospital.	Hillingdon Institu- tion.	Staines Institu- tion.
Total number of admissions (in- cluding infants born in hospital)	13,496	509	(a)	9	399	7,370	4,378	779	7,241	588	3,103	923	235
Number of women confined in hospital	1,424	—	—	—	—	724	512	—	752	—	304	—	56
Number of live births	1,380	—	—	—	—	708	491	—	724	—	294	—	55
Number of still births	68	—	—	—	—	27	29	—	42	—	21	—	1
Number of deaths among the newly-born (i.e., under four weeks of age) (b)	114	—	—	—	—	25	20	—	13	—	8	—	1
Total number of deaths among children under one year	184	—	—	—	—	109	48	—	69	—	36	1	1
Number of maternal deaths among women admitted to hospital for confinement	11	—	—	—	—	8	3	—	8	—	4	—	—
Total number of deaths	1,737	92	19	2	2	1,047	235	308	924	219	208	221	38
Number of discharges (including infants born in hospital)	11,679	415	83	6	399	6,331	4,127	472	5,628	464	2,860	699	196
Duration of stay of patients— (i) under four weeks	10,671	90	1	1	77	5,582	4,014	421	4,620	339	2,789	718	165
(ii) four and under thirteen weeks	2,289	117	3	2	293	1,413	296	280	1,491	145	248	133	31
(iii) thirteen weeks or more	456	300	98	5	31	383	52	79	441	199	31	69	38
Number of beds occupied— (i) Average during the year	922	211	135	36	73	798	192	109	1,123	—	124	118	127
(ii) Highest	1,011	211	166	37	79	856	210	114	1,148	671	145 (c)	141 (c)	139
(iii) Lowest	808	209	109	35	54	741	163	89	430	631	96	92	118
Number of surgical operations under general anæsthetic (ex- cluding dental operations)	3,091	—	—	—	—	863	2,063	—	1,243	—	1,212	1	—
Number of abdominal sections	988	—	—	—	—	458	439	—	418	—	266	—	—

(a) Patients are admitted only from the wards for healthy inmates and, owing to frequent interchange between these and the sick wards, it is not possible to give an accurate figure of admissions to the sick wards.

(b) Relating only to children born in hospital.

(c) This high figure is due to extra beds being crowded into wards.

STATISTICS RELATING TO IN-PATIENTS DEALT WITH IN THE MATERNITY DEPARTMENTS OF THE COUNTY
HOSPITALS AND INSTITUTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1935.

	North Middlesex County Hospital.	Central Middlesex County Hospital.	Redhill County Hospital.	West Middlesex County Hospital & extension.	Hillingdon County Hospital.	Staines Institu- tion.
Number of beds	66	28	21	52	12	5
Number of cases admitted during the year	1,709	741	517	864	348	56
Average duration of stay (in days)	12	12-14	13	15	13	12-14
Number of women delivered by—						
(a) Midwives	1,237	674	477	695	267	54
(b) Doctors	187	50	35	57	37	2
Number of cases in which medical assistance was sought by a midwife ..	341	55	93	225	134	3
Number of cases notified as—						
(a) Puerperal fever ..	22	1	8	2	3	—
(b) Puerperal pyrexia ..	56	9	5	25	18	1
Number of cases of pemphigus neonatorum	1	—	—	—	—	—
Number of infants not en- tirely breast-fed while in the institution	423	37	34	44	47	7
Number of cases notified as ophthalmia neonatorum ..	16	5	—	3	—	1
Number of maternal deaths..	11	8	3	8	4	—
Number of still-births ..	68	27	29	42	21	1
Number of neo-natal deaths	55	18	18	13	8	1

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED
31ST DEC

DISEASE GROUPS.	North Middlesex County Hospital.		Edmonton House.		Enfield House.		Chase Farm	
	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Cases transferred from County Hos- pitals & Institutions.	
							Children.	Women.
A. Acute infectious disease (1)	81	192	—	1	—	—	—	—
B. Influenza (2)	2	61	—	7	—	—	—	—
C. Tuberculosis—								
Pulmonary	10	233	—	—	—	—	—	—
Non-pulmonary	23	42	—	—	—	—	—	—
D. Malignant disease	2	551	—	—	—	4	—	—
E. Rheumatism—								
(a) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea	74	88	—	9	—	—	—	—
(b) Non-articular manifestations of so-called “rheumatism” (muscular rheumatism, fibrositis, lumbago and sciatica)	—	35	—	—	—	2	—	—
(c) Chronic arthritis	—	128	—	6	—	—	—	—
F. Venereal disease	—	23	—	—	—	—	—	—
G. Puerperal pyrexia	—	48	—	—	—	—	—	—
H. Puerperal fever—								
(a) Women confined in the hospital	—	22	—	—	—	—	—	—
(b) Other cases	—	—	—	—	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth	4	532	—	—	—	—	—	—
J. Mental diseases—								
(a) Senile dementia	—	30	—	8	—	5	—	—
(b) Other	9	500	2	—	—	60	—	—
K. Senile decay (3)	—	151	—	10	—	—	—	—
L. Accidental injury and violence (4)	231	787	—	—	—	6	—	—
In respect of cases not included above :								
M. Disease of the nervous system and sense organs ...	218	326	—	44	—	4	—	6
N. Disease of the respiratory system	298	469	—	70	—	4	—	—
O. ,, circulatory system	13	926	—	50	—	11	—	—
P. ,, digestive system	578	1,581	—	13	—	4	—	—
Q. ,, genito-urinary system	67	686	—	13	—	2	—	—
R. ,, skin	82	257	—	17	—	—	—	—
S. Other diseases... ..	217	473	—	44	—	—	—	2
T. Mothers and infants discharged from maternity wards and not included in above figures :—								
(a) Mothers	—	1,621	—	—	—	—	—	—
(b) Infants	1,280	—	—	—	—	—	—	—
U. Any persons not falling under any of the above headings	81	384	158	55	—	—	—	—
Total	3,270	10,146	160	347	—	102	—	8

(1) Including—with the exception of acute primary and influenzal pneumonia, tuberculosis, puerperal pyrexia and puerperal fever—all generally notifiable diseases, together with measles, German measles, chickenpox, whooping cough and mumps. Cases of influenzal pneumonia, tuberculosis, puerperal pyrexia, puerperal fever and acute primary pneumonia are recorded respectively under Groups B, C, G, H and N. Cases of encephalitis lethargica are entered under Group A if acute and under Group M if chronic.

(2) Including acute influenzal pneumonia.

(3) Confined to cases and deaths in which no more specific diagnosis was practicable.

(4) Including suicides, attempted suicides and poisoning cases.

IN THE COUNTY HOSPITALS AND INSTITUTIONS DURING THE YEAR ENDED
EMBER, 1935.

Edgbury Con- valescent Home.		Central Middlesex County Hospital.		Redhill County Hospital.		Redhill Institu- tion.		West Middlesex County Hospital.		West Middlesex County Hospital extension.		Hillingdon County Hospital.		Hillingdon Institu- tion.		Staines Institu- tion.	
Children (under 16).	Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.	Children (under 16).	Men and Women.
—	—	96	156	21	27	—	2	109	63	—	2	9	17	18	18	7	—
—	—	4	27	2	67	—	2	4	13	—	—	—	5	—	14	1	—
—	—	4	105	1	25	1	52	5	198	—	—	—	50	—	5	—	—
3	6	7	18	9	13	—	3	14	18	—	2	7	12	—	4	—	—
—	5	—	190	1	34	—	50	—	203	—	46	1	44	—	62	—	5
15	17	23	57	16	14	—	4	11	61	—	—	15	16	2	5	1	1
—	—	10	45	—	9	—	7	2	39	—	1	—	11	—	3	1	2
—	14	3	74	1	16	—	22	—	64	—	11	—	6	—	11	—	—
—	—	—	15	—	8	—	1	1	6	—	2	—	6	—	3	—	—
—	4	—	24	—	5	—	—	—	29	—	—	—	18	—	—	—	—
—	—	—	1	—	8	—	—	—	2	—	—	—	3	—	—	—	—
—	—	—	—	—	2	—	—	—	10	—	—	—	1	—	—	—	—
—	21	26	349	1	424	—	5	—	252	—	—	8	217	—	56	1	2
—	—	—	13	—	—	—	1	—	—	—	—	—	—	—	—	—	4
—	—	11	342	1	14	—	35	4	154	1	126	2	2	1	35	—	—
—	—	—	257	—	—	—	73	—	77	—	25	—	—	—	184	—	2
1	17	92	426	194	437	—	46	67	329	—	12	81	218	1	27	—	2
1	33	103	275	166	93	1	114	107	206	—	100	64	90	2	66	2	6
12	59	211	348	80	74	1	71	139	436	—	31	89	114	11	76	1	6
18	56	8	519	6	65	2	155	14	584	—	217	2	77	—	55	—	27
2	50	266	681	492	553	—	44	339	563	—	7	410	424	5	48	1	8
4	10	25	290	96	156	—	33	16	273	—	3	18	169	—	33	—	3
—	9	92	148	13	10	—	23	102	189	—	17	11	27	28	28	5	3
7	25	125	340	131	173	2	25	82	175	—	19	102	154	34	85	3	5
—	—	—	709	—	362	—	—	—	772	—	—	—	282	—	—	—	56
—	—	694	—	469	—	—	—	722	—	—	—	286	—	—	—	55	—
12	—	165	4	42	31	—	5	82	16	46	15	—	—	—	—	18	6
75	326	1,965	5,413	1,742	2,620	7	773	1,820	4,732	47	636	1,105	1,963	102	818	96	138

Domiciliary Treatment.

In last year's report account was given of the conditions of appointment of medical practitioners employed by the County Council in attendance upon necessitous sick persons in the County.

The annual revision of salaries provided for under these conditions resulted in nine district medical officers receiving increases totalling £575.

During 1935, approximately 28,503 visits were made to patients in their homes by district medical officers, and approximately 37,280 attendances were made by patients at the doctors' surgeries for advice and treatment.

Many persons who receive domiciliary medical attendance from district medical officers are also in need of nursing attention, and without this attention they might require admission to a hospital or an institution. The various district nursing associations throughout the County provide this attention and the value of their work is recognized by the County Council by the payment of annual grants. A return of work carried out during the year is furnished by each association, and the grants are calculated upon the number of visits paid to persons in receipt of Poor Law relief. The total number of nursing associations to whom grants were made during the financial year 1935-36 was 32 and the total amount paid was £1,229.

In addition to providing medical and nursing attention to persons in receipt of out-relief through district medical officers and local nursing associations, the Council also supplied surgical instruments, *e.g.*, artificial limbs, splints, trusses, &c., to 615 persons, dental treatment to 401, special forms of medical treatment, *e.g.*, insulin, &c., to 25, whilst 166 were sent to convalescent homes and 13 who were suffering from epilepsy were sent to suitable colonies. (*N.B.*—The cases sent to convalescent homes and colonies are included in the numbers reported on page 19.)

Institutional Provision for Mental Defectives.

I am indebted to Dr. E. Laval, Medical Officer under the Mental Deficiency Act, 1913, for the following information as to the extent of the institutional provision made by the County Council, as at 31st December, 1935:—

Institutions provided for mental defectives by the Middlesex Local Authority—

*Middlesex Colony, Shenley, certified institution	..	..	..	828
Craufurd Home certified institution	..	..	..	118
Bramley House certified institution	..	..	..	50
			—	996 beds.
Cases maintained by the Mental Deficiency Committee in other certified institutions in various parts of the country	..	..	..	515

* Since last year completion of further sections of the Colony have enabled 200 (approximately) more patients to be received therein and the development of the institution still continues.

Treatment of Cancer.

Very considerable numbers of patients suffering from cancer are referred to the Council's hospitals for treatment. In many cases the disease has become so well established and widespread as to render the outlook hopeless, but in others there is a definite possibility of benefit or cure with appropriate treatment. At all the five County general hospitals surgical treatment of patients suffering from malignant disease is undertaken, and any patients considered likely to benefit from radium treatment and deep X-ray therapy are transferred to the North Middlesex County Hospital, where the radium and deep X-ray therapy department is available to serve the entire County. The department is under the supervision and control of Mr. Windeyer, F.R.C.S., who visits regularly and is assisted by a whole-time medical officer—Dr. Bromhall, D.M.R.E. Detailed particulars as to the work of the radium and deep X-ray therapy department during 1935 are included in the annual report of the medical superintendent, and will be found on page 109 of this report.

In addition to patients suffering from cancer for whom active treatment in hospital is indicated, there are many others for whom no further treatment is practicable and these are maintained and palliative measures afforded in the chronic wards of the Council's hospitals and institutions.

The total number of patients suffering from cancer dealt with during the year was 1,030, and these may be classified as follows :—

Site of disease.	No. of patients.
Uterus	123
Tongue and mouth	64
Breast	125
Skin	37
Generative organs	43
Urinary organs	74
Eye and antrum	7
Lymphatics	9
Thyroid	2
Lung (including mediastinum)	60
Gastro-intestinal tract	411
Pancreas, liver and gall bladder	31
Bones	12
Larynx	3
Other (including various sarcomata)	29
Total ..	1,030

Welfare of the Blind.

The examination and certification of applicants for admission to the County Register of Blind Persons has continued during 1935 on the lines described in previous reports.

Seventeen examination sessions were held at the ophthalmic clinic in the offices of the Public Health Department, and 264 persons presented themselves for examination. The Council's certifying ophthalmic surgeons also visited, in their own homes or elsewhere, 62 persons who by reason of age or infirmity were unable to attend the central clinic. Of the 326 persons examined, 229 were found to be blind within the meaning of the Blind Persons Act, 1920.

Particulars relating to the blind persons ordinarily resident in Middlesex are included in the reports of the Middlesex Association for the Blind, and the following information is based upon their reports. (N.B.—All the figures which follow relate to the financial year ended 31st March, 1936.)

On 31st March, 1936, there were 1,859 persons on the Middlesex County register of blind persons, an increase of 99 persons as compared with the position on 31st March, 1935. The age distribution of the 1,859 persons referred to is set out below, whilst the corresponding figures for 31st March, 1935, are shown in brackets.

Age.	Number.
0 to 5	3 (4)
5 „ 16	59 (49)
16 „ 21	35 (42)
21 „ 40	278 (268)
40 „ 50	235 (233)
50 „ 70	681 (635)
Over 70	564 (519)
Unknown	4 (10)

When consideration is given to the above statistics, it must not be forgotten that Middlesex is an area where immigration is continuous, and the observed results cannot be comparable with those occurring in an area with a static population. It will be noted, however, that the great majority of blind persons in the County are middle-aged or old, and the increase in the number of blind persons on the County register over the age of 50 years is no less than 85 out of a total of 99.

The following table affords information as to the extent to which the blind persons resident in the County are able to follow useful occupations, and whilst it is satisfactory to note that only 5 persons who have received training are unemployed, the tremendous preponderance of unemployable persons is to be regretted. In view, however, of the age-distribution of blindness referred to earlier, the circumstance is not altogether surprising.

	31st March, 1934.	31st March, 1935.	31st March, 1936.
Babies under 5	4	4	3
Children of school age (5 to 16)	61	49	59
Persons under training	54	38	41
Persons apparently trainable who refuse training or are awaiting vacancies ..	9	14	14
Employed—			
Workshops	77	79	83
Home workers	88	99	115
Elsewhere	189	193	176
	— 354	— 371	— 374
Trained unemployed	4	11	5
Unemployable	1,235	1,273	1,363
Totals	1,721	1,760	1,859

It will be seen that there are 115 persons engaged on work at their own homes, and in addition very many of the unemployable blind are in need of visitation and assistance in acquiring knowledge of Moon or Braille types, or of some simple pastime occupation. This work is carried out by home teachers employed by the Middlesex Association for the Blind, and towards the cost of this service and of the administrative, clerical, and other expenses of the Association, the County Council will contribute an amount of (approximately) £5,000 for the current year.

In its scheme of administrative arrangements proposed to be made for discharging the functions transferred to the Council under Part I of the Local Government Act, 1929, the County Council made a declaration to the effect that “all domiciliary assistance to blind persons shall be provided exclusively by virtue of the Blind Persons Act, 1920, and not by way of poor relief.”

During the year ended 31st March, 1936, County Council grants towards the cost of surgical appliances, dentures, convalescence, &c., amounted to £357 14s. 2d., and 1,079 blind persons were afforded domiciliary assistance at a cost to the Council of £30,609 3s. 4d.

It should be added that convalescent treatment in future will not be a charge upon County funds, as the Middlesex Association have resolved that this shall be met out of the voluntary fund of the Association.

During 1935, the County Council allocated a sum of £30 to be available for expenditure in connection with the prevention of blindness, but at the close of the financial year the Middlesex Association had found it necessary to use only £23 18s. 3d. of this sum.

Voluntary Hospitals.

Information with regard to the extent and nature of the work carried out in the voluntary hospitals in Middlesex was detailed at some length in my Annual Report for 1933.

Co-operation, as required by Section 13 of the Local Government Act, 1929, has continued during the year. The County Council and Voluntary Hospitals Joint Advisory Committee held two meetings and the various proposals for extensions to hospitals, &c., and the needs for these were fully discussed.

GRANTS TO VOLUNTARY HOSPITALS.—No alteration in the basis upon which the County Council makes grants to certain voluntary general and special hospitals, both within and outside the boundaries of the County, was made during 1935 and for the financial year 1935-36 a total of £375 15s. was contributed by way of grants to 29 hospitals.

Maternity and Child Welfare.

ADMINISTRATION OF THE MIDWIVES ACTS, 1902-1926.

The County Council is the local supervising authority under the Midwives Acts for the whole administrative county with the exception of the Boroughs of Ealing, Tottenham and Willesden, and the Urban District of Edmonton.

Notification of Intention to Practise.—During 1935, notification of intention to practise midwifery, either temporarily or regularly, in the area for which the County Council is responsible, was received by the County Council from 465 midwives, distributed among the sanitary districts of the County as shown in the following table :—

Boroughs and Urban Districts.	Total Number of Midwives practising during 1935.	Removed from District during 1935.	Practising Temporarily during 1935.	Number in District end of 1935.
Acton (<i>Borough</i>)	14	2	—	12
Brentford and Chiswick (<i>Borough</i>) ..	14	—	—	14
Enfield	15	—	—	15
Feltham	9	1	1	7
Finchley (<i>Borough</i>).. .. .	7	3	—	4
Friern Barnet	5	—	—	5
Hampton	3	—	—	3
Hampton Wick	1	—	—	1
Harrow	46	5	3	38
Hayes and Harlington	17	2	1	14
Hendon (<i>Borough</i>)	32	2	2	27*
Heston and Isleworth (<i>Borough</i>)	40	—	—	40
Hornsey (<i>Borough</i>)	15	2	1	12
Potters Bar	4	1	—	3
Ruislip-Northwood	16	3	—	13
Southall-Norwood	13	—	—	13
Southgate (<i>Borough</i>)	11	1	—	10
Staines	12	4	—	8
Sunbury	7	—	1	6
Teddington	3	—	—	3
Twickenham (<i>Borough</i>)	19	5	2	12
Uxbridge	9	—	—	9
Wembley	57	7	3	47
Wood Green (<i>Borough</i>)	9	—	—	9
Yiewsley and West Drayton	9	2	1	6
Midwives residing outside the County Council's area	78	8	7	63
Totals	465	48	22	394

* One midwife died.

In addition to the 465 midwives who notified their intention to practise, a further 853 women, holding the certificate of the Central Midwives Board, were resident in the area supervised by the County Council under the Midwives Acts. Forty-eight of these were employed in the County Council's hospitals and institutions, and the remainder were not engaged as practising midwives, but were employed as health visitors, private and hospital nurses, &c.

Qualifications of Practising Midwives.—The qualifications held by the 465 midwives practising in the County Council's area during 1935 may be summarised as follows:—

In possession of the certificate of the Central Midwives Board	450
In possession of certificate of the London Obstetrical Society	7
In possession of a recognised hospital certificate	2
Enrolled by reason of having been in <i>bona fide</i> practice previous to the Mid- wives Act, 1902, coming into operation	6
	<u>465</u>

The number of *bona fide* midwives practising in the County Council's area now amounts to only 1.3 per cent. of the total. These women conducted the confinements of 186 patients, equivalent to 2.7 per cent. of all births attended by midwives, and acted as maternity nurses in 44 cases (1.3 per cent. of those in which midwives acted in that capacity).

Women not Certified under the Midwives Act.—The County Council instituted proceedings under the Midwives Acts against a woman who was not a certified midwife but held herself out to be a midwife and attended a woman in childbirth. The charges were proved and a fine of £3 was imposed.

Number of Births attended by Midwives.—Of the number of midwives who notified their intention to practise in the area supervised by the County Council, returns were received from 282 who had

actually practised during 1935, setting out the number of cases attended by them in the capacity of midwife or maternity nurse. Twenty-six were employed as whole-time salaried midwives, and 256 were in independent practice. Only 22 of the latter attended more than 80 patients each during 1935, and 170 attended less than 40 women, including 113 who had under 20 cases.

In no area of the County is the supply of midwives inadequate to the demand for their services, and in some districts the number practising is so large as to make it difficult for a midwife, who is wholly dependent on her practice, to obtain sufficient patients to secure a reasonable income.

In the County Council's administrative area under the Midwives Acts, certified midwives conducted 7,052 confinements and acted as maternity nurses to a further 3,408 women who were attended by doctors. The total number of births in the area was 19,145, and the number attended by midwives represents 37 per cent. of the total. The number of births in which practising midwives acted as maternity nurses corresponds to a further 18 per cent. of the total births. The comparable figures for the year 1934 were 33 per cent. and 17 per cent. respectively.

Details as to the numbers of births attended by certified midwives in each sanitary district in the County are shown in the table which follows. By the courtesy of the Medical Officers of Health of the Boroughs of Ealing, Tottenham and Willesden, and of the Urban District of Edmonton, who have kindly furnished me with figures, it has been possible to include at the foot of the table corresponding information relating to these four districts and thus arrive at comprehensive totals for the whole County.

BIRTHS ATTENDED BY MIDWIVES RESIDING IN EACH BOROUGH AND URBAN DISTRICT.

Boroughs and Urban Districts.	Births attended by Midwives residing in each District.	Births at which Midwives acted as Nurses.
Acton (<i>Borough</i>)	73	86
Brentford and Chiswick (<i>Borough</i>)	339	41
Enfield	409	139
Feltham	323	84
Finchley (<i>Borough</i>)	80	46
Friern Barnet	121	31
Hampton	188	55
Hampton Wick	—	—
Harrow	565	516
Hayes and Harlington	288	151
Hendon (<i>Borough</i>)	473	314
Heston and Isleworth (<i>Borough</i>)	777	300
Hornsey (<i>Borough</i>)	301	212
Potters Bar	33	20
Ruislip-Northwood	103	132
Southall-Norwood	305	164
Southgate (<i>Borough</i>)	95	50
Staines	259	88
Sunbury	92	37
Teddington	136	46
Twickenham (<i>Borough</i>)	245	154
Uxbridge	185	179
Wembley	953	276
Wood Green (<i>Borough</i>)	186	164
Yiewsley and West Drayton	308	40
<i>Attended by midwives residing outside the County Council's area</i>	215	83
Totals	7,052	3,408
<i>Ealing (Borough)</i>	555	362
<i>Edmonton</i>	693	104
<i>Tottenham (Borough)</i>	748	33
<i>Willesden (Borough)</i>	536	270
Grand totals	9,584	4,177

The total number of births in the whole County was 27,594 and 9,584 (35 per cent.) of these were attended by midwives, whilst 4,177 (15 per cent.) were attended by practising midwives in the capacity of maternity nurses. As already stated, in the area supervised by the County Council the corresponding percentages were 36 and 18 respectively.

Notifications.—The number of notifications received from midwives, in accordance with the Rules of the Central Midwives Board, together with similar figures for the previous three years, are as follows :—

Notifications.	1932.	1933.	1934.	1935.
Sending for medical assistance	1,377	1,245	1,409	1,618
Still-birth	97	82	92	97
Death of infant	55	44	60	56
Death of mother	3	3	2	3
Laying out the dead	34	39	40	31
Artificial feeding	39	34	47	68
Liability to be a source of infection	76	78	107	109
Totals	1,681	1,525	1,757	1,982

The notifications of sending for medical aid may be classified as follows :—

Medical assistance required for conditions arising	1932.	1933.	1934.	1935.
During pregnancy	174	124	170	197
During labour	822	748	811	948
During lying-in	79	118	127	154
In infant	302	255	301	319
Totals	1,377	1,245	1,409	1,618

Maternal Deaths.—Three notifications were received of the deaths of women while actually under the care of midwives. To these must be added the number of deaths of women, who, while being attended by midwives, became so seriously ill that transfer to a hospital was necessitated, where they subsequently died. Seven cases of this nature occurred during the year, making a total of ten deaths among women attended by midwives, or a death-rate of 1·42 per 1,000 births attended. (The maternal death-rate for all births in the administrative County during 1935 was 3·30 per 1,000.)

Enquiries were made into each case, and from these it was ascertained that the causes of death may be classified as follows :—

Obstetric shock	3
Sepsis	6
Pulmonary embolism	1
	—
	10
	—

Puerperal Fever and Puerperal Pyrexia.—Under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, notifications were received of 19 cases of puerperal fever and 26 cases of puerperal pyrexia, occurring amongst women who had been attended in their confinements by certified midwives. These numbers represent 14·07 per cent. and 8·84 per cent., respectively, of the total notifications received under the Regulations.

Enquiry was made into the actual cause of raised temperature in all cases of this condition occurring in the practices of certified midwives and the information obtained indicates that puerperal sepsis was responsible for the rise of temperature in 36 out of the 45 cases notified under the Regulations. This is equivalent to an incidence-rate of puerperal sepsis among midwives' cases of 5·10 per 1,000 births.

The following table records for the past five years the yearly number of notifications of puerperal fever, etc., and of deaths from puerperal sepsis, both in the County generally and in the area for which the County Council is local supervising authority under the Midwives Acts, together with similar information with regard to midwives' cases in the latter area.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Year.	Total Number of Births Registered in the County.		Total Number of Cases Notified in the County.				Total Number of deaths from Puerperal Sepsis in the County.	Number of births attended by Midwives.	Cases notified in Practices of Midwives.		Deaths from Puerperal Sepsis amongst Midwives' Cases.
			Puerperal Fever.	Puerperal Pyrexia.		Puerperal Fever.			Puerperal Pyrexia.		
	(a)	(b)	(a)	(b)	(a)	(b)	(b)	(b)	(b)	(b)	
1931 ..	25,507	17,089	93	61	216	143	5,837	15	24	3	
1932 ..	25,437	17,171	88	55	278	200	5,799	6	23	—	
1933 ..	24,501	16,602	110	67	314	211	6,049	13	33	8	
1934 ..	26,376	17,929	156	112	292	190	5,944	13	17	5	
1935 ..	27,594	19,145	135	97	294	188	6,952	19	26	8	

(a) The County ; (b) Area for which the County Council is the Local Supervising Authority under the Midwives Acts.

Ophthalmia Neonatorum.—Medical assistance was sought by certified midwives on account of inflammation of, or discharge from, infants' eyes in 137 instances; and in 24 of these cases the medical practitioners called in notified the condition as ophthalmia neonatorum.

In view of the serious consequences which may follow if satisfactory treatment is not promptly instituted, all cases of pathological conditions of the eyes occurring in new-born infants are very closely followed up, with a view to ensuring that adequate treatment is obtained and to ascertaining whether visual impairment has resulted. During 1935, no apparent injury to vision resulted in any instance.

Disciplinary Action.—On the instructions of the Maternity and Child Welfare Committee of the County Council, a letter of warning was sent to one midwife, and verbal cautions were administered to certified midwives in nineteen instances by the Council's inspectors of midwives.

Visits of Inspection.—Visits made by the Council's inspectors of midwives during 1935 may be classified as follows :—

Visits to midwives who had notified their intention to practise	1,190
„ midwives who had not notified „ „ „	2
„ women not certified under the Midwives Act	4
„ patients' homes in connection with cases of ophthalmia, &c.	32
„ other persons in connection with investigations under the Midwives Acts, etc.	112
„ premises in connection with the registration of nursing homes	437
„ ante-natal clinics and welfare centres	78
„ scattered homes	32
„ homes of foster mothers in connection with infant life protection	27
Total	1,914

Post-Certificate Instruction to Midwives.—The joint arrangements of the London and Middlesex County Councils, which were made some years ago, to provide post-certificate instruction to midwives, continued in operation during 1935. The scheme is organized on behalf of the two County Councils, by the London County Council, and the cost is borne by London and Middlesex on the basis of user. In the spring, courses of lectures were given at various maternity hospitals, or at the maternity departments of certain general hospitals; in the autumn, seven courses of practical ante-natal and post-natal demonstrations were arranged. The courses serve a most valuable purpose, and are keenly appreciated by midwives practising in this County. During the year, eighty-one midwives practising in the area for which the County Council is the local supervising authority, availed themselves of the opportunity of attending courses of lectures or demonstrations.

Payment of Fees to Medical Practitioners.—Under the Rules of the Central Midwives Board, a midwife is required to send for medical assistance in all cases of illness or abnormality in the course of pregnancy, labour, or lying-in, and the doctor sent for is entitled to payment of a fee by the local supervising authority, in accordance with a scale and subject to certain conditions laid down by the Ministry of Health. The local supervising authority has power to recover from the patient or her husband the amount so paid, or such proportion of it as the financial circumstances of the case justify.

In the case of inflammation of, or discharge from, infants' eyes, this right of recovery has been waived by the County Council, in accordance with the suggestion of the Ministry of Health, in order that there may be no temptation for midwives to delay calling in a doctor in cases of apparently trivial affection of the eyes.

The following table furnishes details as to the cost to the County Council of this service during the past four years. It should be noted that while the financial particulars refer to the financial years, the numbers of notifications and claims are those received during the corresponding calendar years.

FEES PAID TO MEDICAL PRACTITIONERS UNDER SECTION 14 OF THE MIDWIVES ACT, 1918.

Year.	A.	B.	Percentage of B. to A.	C.			D.				
	Number of notifications of sending for Medical Aid.	Number of Claims for Fees received.		Total amount due to Doctors in respect of cases attended by them during <u>financial</u> year.			Income from Patients in respect of Doctors' fees.				
					£	s.	d.		£	s.	d.
1932 ...	1,377	862	62·6	1932-33	1,163	13	0	1932-33	509	9	5
1933 ...	1,245	766	61·5	1933-34	1,102	13	0	1933-34	536	6	3
1934 ...	1,409	909	63·8	1934-35	1,387	5	0	1934-35	518	2	3
1935 ...	1,618	1,041	64·3	1935-36	1,436	12	0	1935-36	567	19	1

Compensation to Midwives.—Section 2 (i) of the Midwives Act, 1926, states that where a midwife has been suspended from practice in order to prevent the spread of infection she shall, if she is not herself in default, be entitled to recover from the local supervising authority such amount by way of compensation for loss of practice as is reasonable in the circumstances of the case.

During the year, 13 claims for compensation were made by midwives who had been suspended from, or restricted in, their practice in order to avoid spread of infection. In eleven instances the midwives had been in attendance on women who developed puerperal fever, and did not resume work until they had ceased nursing their patients, and had carried out satisfactory disinfection. One midwife had been nursing two patients whose infants developed pemphigus neonatorum, and was restricted to these cases for seven days, after which period she carried out disinfection and resumed duty. One midwife attended a patient whose infant developed erysipelas and she was suspended from practice for two days. The claims were considered by the Maternity and Child Welfare Committee and were deemed reasonable in view of the circumstances of the cases. In all, 103 days were lost by these midwives, and sums amounting to £41 7s. 10d. were paid by way of compensation.

NURSING HOMES.

The County Council administers the Nursing Homes Registration Act, 1927, in the whole of the County with the exception of the Boroughs of Ealing, Tottenham and Willesden and the Urban District of Edmonton. In those districts the administration of the Act has been delegated by the County Council to the local sanitary authorities in view of the fact that the supervision of midwives is carried out by the local councils.

At the beginning of the year, particulars of 156 nursing homes appeared on the County Council's register. During 1935, applications for registration were received in respect of a further 18 homes. All of these homes have been inspected by Dr. Back, Assistant County Medical Officer, accompanied by Miss Coleman, Inspector of Midwives. In addition, premises were inspected in connection with four further applications which had been received towards the close of the previous year.

The table on page 41 gives particulars of the action taken by the Council in regard to the applications, also information as to homes removed from the register, and the number of homes appearing on the register at the beginning and end of the year respectively.

The following table shows the number of registered nursing homes in each borough and urban district for which the County Council is the authority for the administration of the Nursing Homes Registration Act. The figures in brackets indicate the number of homes devoted, either wholly or in part, to the reception of maternity cases.

Boroughs and Urban Districts.	Number of Nursing Homes on Register at end of 1935.	Approved accommoda- tion (beds) at end of 1935.
Acton (<i>Borough</i>)	6 (3)	20
Brentford and Chiswick (<i>Borough</i>).. .. .	8 (4)	55
Enfield	7 (6)	24
Feltham	2 (1)	11
Finchley (<i>Borough</i>)	11 (4)	76
Friern Barnet	2 (2)	3
Hampton	2 (2)	11
Hampton Wick	— (—)	—
Harrow	20 (15)	165
Hayes and Harlington	2 (2)	10
Hendon (<i>Borough</i>)	15 (14)	100
Heston and Isleworth (<i>Borough</i>)	6 (4)	34
Hornsey (<i>Borough</i>)	23 (14)	240
Potters Bar	— (—)	—
Ruislip-Northwood	5 (4)	17
Southall-Norwood	2 (2)	22
Southgate (<i>Borough</i>)	5 (5)	58
Staines	2 (1)	25
Sunbury	2 (—)	29
Teddington	4 (2)	26
Twickenham (<i>Borough</i>)	9 (8)	69
Uxbridge	3 (1)	29
Wembley	9 (9)	42
Wood Green (<i>Borough</i>)	1 (1)	10
Yiewsley and West Drayton	— (—)	—
Totals	149 (104)	1,076

NURSING HOMES.

Year.	On register at beginning of year.		Applications received.	Applications voluntarily withdrawn.	Registrations refused.	Registrations granted.	Applications held over or postponed.	Removed from register on account of death or removal, or voluntarily.	Registration cancelled.	On register at close of year.	
	Number of homes.	Approved accommodation (beds).								Number.	Accommodation (beds).
1931 ..	133	803	23	5	4	19	2	15	—	137	864
1932 ..	137	864	32	4	—	28	2	19	—	146	918
1933 ..	146	918	31	3	—	28	2	20	—	154	1011
1934 ..	154	1,011	25	2	—	21	4	19	—	156	1,088
1935 ..	156	1,088	18	3	2	14	3	21	—	149	1,976

An enquiry was made as to the number of births which occurred during 1935 in nursing homes in the County. In addition to information obtained directly from proprietors of nursing homes registered by the County Council, the following table contains also similar particulars with regard to nursing homes in Ealing, Edmonton, Tottenham and Willesden which have been kindly supplied by the respective medical officers of health, and thus furnishes a comprehensive figure for the whole administrative County.

Births occurring in Nursing Homes during 1935.

Attended by	County Council's Area.	Ealing.	Edmon-ton.	Totten-ham.	Willes-den.	Adminis-trative County.
(a) Doctors	2,246	179	7	2	8	2,442
(b) State certified midwives, no doctor being in attendance	429	27	5	7	1	469
Totals	2,675	206	12	9	9	2,911

MATERNITY AND CHILD WELFARE SCHEME.

The County Council is the authority for maternity and child welfare in 10 of the 29 sanitary districts included in the administrative County, viz., the Urban Districts of Feltham, Friern Barnet, Hampton Wick, Hayes and Harlington, Potters Bar, Ruislip-Northwood, Staines, Sunbury, Uxbridge and Yiewsley and West Drayton.

The following is a summary of certain statistics relating to the area for which the County Council is the maternity and child welfare authority :—

Area	54,838 acres
Population (estimated by Registrar General)	211,710
Live-births	3,755
Birth-rate	17·7
Number of infant deaths	148
Infantile mortality rate, per 1,000 live-births	39·4
Number of maternal deaths	17
Maternal mortality rate, per 1,000 live-births	4·53
Number of cases of puerperal fever	10
,, puerperal pyrexia	35
,, ophthalmia neonatorum	9

During the year, the Maternity and Child Welfare Committee had under consideration the need for increasing the medical and nursing staff engaged on duties in connection with both the school medical and maternity and child welfare services. The increase in the number of births in the Council's maternity and child welfare area and the rapid expansion of the school population have occasioned a pressing need for additional sessions at school clinics and welfare centres and have made it difficult for the existing staff to carry out with efficiency the amount of work involved.

In the early part of the year, the County Council's dental staff was augmented by the appointment of four additional dental surgeons and four dental attendants ; a third part-time ophthalmic surgeon, Mr. Harold Ridley, M.A., M.B., B.Ch., F.R.C.S., also was appointed and commenced duty in June. Later in the year, the County Council agreed to increase the medical and nursing staff by two additional assistant medical officers and four health visitors and school nurses, but at the close of the year the approval of the Board of Education to this proposal had not been obtained.

In the course of 1935, new welfare centres were opened at North Hillingdon and Ruislip Manor, additional weekly sessions at the existing centres at Feltham and Sunbury were instituted, and an ante-natal clinic with monthly sessions was commenced at South Mimms. The centres at Ickenham, Hayes End, Ruislip Manor and Colham Green were transferred to more suitable premises during the year.

The new welfare centre at Upper Halliford, which was built by the County Council from plans designed by the County Architect, came into use in August, and a formal opening ceremony was performed on 24th October. The new centre is a single storey building in brick with a large waiting hall, doctor's consulting room, weighing room, a small kitchen and store room, and suitable sanitary accommodation. A shelter for prams also is provided.

A decision of far reaching importance was made in November, 1934, by the Education Committee, viz., to embark upon a scheme of replacing, by suitable buildings designed for the purpose, the existing school clinics, most of which are both inadequate and inconvenient. It was further decided, in co-operation with the Maternity and Child Welfare Committee of the County Council, that, in areas where the County Council is responsible for maternity and child welfare services, new buildings should be so planned that they will serve the dual purpose of school clinics and welfare centres. In some instances provision will be made in the same buildings for juvenile employment bureaux and branch county libraries, and in Uxbridge the clinic provision will form a part of somewhat extensive county buildings which are to be erected.

A start was made upon the new scheme in 1934, sketch plans were prepared for new clinic premises at North Hillingdon, Ruislip Manor and Uxbridge, and it is hoped that within the course of the next three or four years, a chain of these clinics will have been established to serve the entire area for which the County Council is the authority for school medical and maternity and child welfare services.

Though every centre needs to be separately planned in view of the differences in the sites available, the same general scheme will be followed in each. A large waiting hall will be provided, separated by a corridor from rooms for doctor's consultations, dental treatment, and treatment of minor ailments. Dressing cubicles for ante-natal patients, a room for toddlers, a kitchen and store room will be included, together with a shelter for prams and the necessary sanitary accommodation.

In addition to the provision of welfare centres, other measures taken by the County Council to ensure the well-being of mothers and children may be briefly enumerated. Systematic visiting of the homes is carried out by health visitors, and children kept under supervision until they reach school-age. Fresh and dried milk, cod liver oil, &c., are issued, on the recommendation of the medical officers, to expectant and nursing mothers and children in attendance at the centres. Dental and ophthalmic treatment is arranged in connection with the school clinics, and financial assistance towards orthopædic, hospital and convalescent treatment also is provided in appropriate cases. A central consultative ante-natal clinic, attended by a consulting obstetric physician, to which cases of difficulty may be referred from local ante-natal clinics, is held in the Public Health Department, 10, Gt. George Street, and arrangements for treatment are made for such cases as are recommended by the specialist. A consulting obstetric physician is employed to visit cases of difficult labour or of puerperal pyrexia, when requested so to do by the practitioner in attendance upon a case. Arrangements exist for the admission to hospital of cases of puerperal fever and puerperal pyrexia. Bacteriological examination of specimens of pathological material is undertaken and financial assistance afforded in certain cases towards the fees of midwives, maternity nurses, and home helps.

In December, 1934, the County Council agreed to an extension of the maternity and child welfare scheme whereby maternity ward accommodation in the Council's general hospitals was made directly available to women attending the County Council's welfare centres, without the necessity of application being made to a relieving officer. The new arrangements came into operation in January, 1935, and continued throughout the year. Expectant mothers, who in the opinion of the medical officer in charge of a welfare centre, should be admitted to hospital for confinement, either on medical grounds or by reason of their unsatisfactory home circumstances, are referred, through the central office of the Public Health Department, to the ante-natal clinic of the appropriate County general hospital, with a view to admission to the maternity ward so far as accommodation is available. The cost of this service is met out of the maternity and child welfare rate, and the contribution (if any) to be paid by the patient is assessed by the Maternity and Child Welfare Committee. Twenty-nine women availed themselves of this service during 1935. The scheme is a valuable extension of the Council's maternity and child welfare service, pending appropriation of the Council's general hospitals as public health hospitals.

In October, 1935, the County Council approved a scheme for the provision of birth control advice for expectant and nursing married women in attendance at the Council's welfare centres, in those cases where further pregnancy would be detrimental to health. Women desiring advice, who in the opinion of the medical officer in charge of the Council's welfare centre come within the limitations laid down by the Ministry of Health, are referred to voluntary birth control clinics in London or Middlesex, or to the Ealing municipal birth control clinic, and an agreed capitation fee for each case is paid by the County Council. In necessitous cases, travelling expenses also are paid.

The following tables give comparative figures, for the past four years, of the attendances of women and children at the Council's welfare centres, and the home visiting undertaken by health visitors :—

Attendances at Welfare Centres.

—	1932.	1933.	1934.	1935.
<i>Ante-natal Clinics—</i>				
Number of sessions held	151	176	187	199
New cases attending	621	689	770	761
Total attendances made	1,389	1,502	1,856	2,053
<i>Welfare Centres—</i>				
Number of sessions held	2,218	2,240	2,273	2,115
New cases attending—				
Expectant mothers	530	470	477	339
Infants under 1 year of age	3,142	3,168	3,214	2,755
Children (1 to 5 years)	1,190	1,280	1,341	1,426
Total attendances made—				
Expectant mothers	2,073	2,069	1,918	1,390
Mothers attending with infants and children ..	80,550	90,031	85,751	78,741
Infants	53,796	60,324	56,959	52,279
Children (1 to 5 years)	46,154	52,798	52,656	48,806
Total attendances	182,573	205,222	197,284	181,216
Average attendance of infants and children each session	45·06	50·50	48·22	47·79

Home visits made by Health Visitors.

—	1932.	1933.	1934.	1935.
Ante-natal visits	2,845	2,768	2,770	2,752
Visits to infants under 1 year	21,684	20,722	19,667	18,229
Visits to children (1 to 5 years)	27,830	27,405	24,555	20,844
Total home visits	52,359	50,895	46,992	41,825
Total number of visits to individual families ..	39,507	39,496	37,221	35,448

In addition, the following work was carried out in the late Hendon Rural District on behalf of the Urban District of Harrow during January 1935 :—

Ante-natal Clinic	1 session	5 cases.
Welfare Centres	27 sessions	Total attendances 3019.
Homes visited	307	

The tables on the following pages give particulars regarding the situation and times of sessions of the Council's ante-natal clinics and welfare centres, with the name of the medical officer in charge of each.

COUNTY COUNCIL ANTE-NATAL CLINICS.

Urban Districts.	Address of Centre.	Day and Time of Ante-natal Session.	Medical Officer in Charge.
Feltham	The Hut, Council School	Second and last Wednesday in each month, 9.30 a.m. ..	Dr. Wilson.
	Hanworth—Village Hall	Last Tuesday in each month, 2.30 p.m. ..	Dr. Back.
Friern Barnet	Whetstone—Congregational Church Hall, Oakleigh Road	Last Wednesday in each month, 9.30 a.m. ..	Dr. Campbell.
Hayes and Harlington	Hayes—Townfield Road Council School	Every Wednesday, 9.30 a.m. ..	Dr. Shelley.
	Harlington—Village Hall, Cherry Lane	Last Tuesday in each month, 9.30 a.m. ..	Dr. Roberts.
Potters Bar	South Mimms—St. Giles's Parish Room	Last Thursday in each month, 9.30 a.m. ..	Dr. Campbell.
Staines	Ashford—Wesleyan Church School Room, Clarendon Road	Last Friday in each month, 9.30 a.m. ..	Dr. Wilson.
	Staines—The Hut, Kingston Road Council School	Last Thursday in each month, 9.30 a.m. ..	Dr. Cellan-Jones.
Sunbury	Congregational Church Hall, Rooksmead Road	Last Thursday in each month, 9.30 a.m. ..	Dr. Heddy.
Uxbridge	109, High Street	Second and fourth Wednesdays in each month, 9.30 a.m. ..	Dr. Glyn-Jones.
Yiewsley and West Drayton	Yiewsley—Central Hall, Fairfield Road	Last Tuesday in each month, 9.30 a.m. ..	Dr. Ruddy.
	Harmondsworth—The Old School, Moor Lane	Third Thursday in each month, 9.30 a.m. ..	Dr. Cellan-Jones.

COUNTY COUNCIL WELFARE CENTRES.

Urban Districts.	Address of Welfare Centre.	Day of Meeting (2.30 p.m.).	Medical Officer in Charge.
Feltham.. ..	Bedfont—Public Hall, New Road ..	Monday ..	Dr. Moir.
	Feltham—The Hut, Council School..	{ Tuesday & Wednesday }	Dr. Wilson.
Friern Barnet	Hanworth—Village Hall	Friday ..	Dr. Moir.
	Congregational Church Hall, Bellevue Road.	Wednesday }	Dr. Poole.
	Freehold Social Institute, Hampden Road.	Friday }	
	Whetstone—Congregational Church Hall, Oakleigh Road.	Tuesday ..	Dr. Campbell.
Hampton Wick ..	Baptist Mission, Upper Teddington Road.	Friday ..	Dr. Heddy.
Hayes and Harlington..	Harlington — Village Hall, Cherry Lane.	Tuesday ..	Dr. Roberts.
	Hayes—Queen's Hall, Station Road	{ Monday, Thursday & Friday }	Dr. Shelley.
	Hayes—Townfield Road Council School.	{ Tuesday & Wednesday }	Dr. Shelley.
	Potters Bar—Village Hall	Wednesday }	Dr. Campbell.
Potters Bar	South Mimms — St. Giles's Parish Room.	Thursday }	
Ruislip-Northwood ..	Eastcote—Church Hall	Wednesday }	Dr. Hignett.
	Northwood — Methodist Assembly Room, Hallowell Road.	Tuesday }	
	Ruislip—Church Room	Thursday }	Dr. Burn.
	Ruislip Manor—Victoria Hall ..	Friday ..	
	South Ruislip—Legion Hall, West End Road.	Monday ..	
Staines	Ashford — Wesleyan Church School Room, Clarendon Road.	{ Thursday & Friday }	Dr. Wilson.
	Staines—The Hut, Kingston Road Council School.	Tuesday 9.30 a.m. ; Wednesday }	Dr. Cellan-Jones.
	Stanwell—Women's Institute Hall ..	Monday ..	Dr. Cellan-Jones.
	Ashford Common — The Pavilion, Spelthorne Sports Club.	Wednesday ..	Dr. Moir.
Sunbury	Shepperton—Council School ..	Tuesday ..	Dr. Cellan-Jones.
	Sunbury — Congregational Church Hall, Rooksmead Road.	{ Monday & Wednesday }	Dr. Heddy.
	Upper Halliford—New Hall	Thursday ..	Dr. Heddy.
	Colham Green—Mission Room ..	Wednesday ..	Dr. Glyn-Jones.
Uxbridge	Harefield—Memorial Hall	Thursday ..	Dr. Norrington.
	Hayes End—Methodist Church Hall, Uxbridge Road.	Friday ..	Dr. Roberts.
	Hillingdon North — Methodist Church, Long Lane.	Wednesday ..	Dr. Burn.
	Hillingdon West—St. Andrew's Hall	Thursday ..	Dr. Glyn Jones.
	Ickenham—New Church Hall ..	Tuesday ..	Dr. Norrington.
	Uxbridge—109, High Street	{ Tuesday & Friday }	Dr. Glyn-Jones.
	Harmondsworth—Old School, Moor Lane.	Thursday ..	Dr. Cellan-Jones.
	Viewsley—Central Hall, Fairfield Road	{ Tuesday & Friday }	Dr. Ruddy.
Viewsley and West Drayton			

The following table gives information as to the cost of fresh and dried milk, &c., issued at the centres during the *financial* year ended 31st March, 1936.

Year 1935-36.	Amount.	Cost Price.	Contributed by Mothers.	Charge on Scheme.
		£ s. d.	£ s. d.	£ s. d.
Fresh milk	34,146 galls. (approx.)	3,708 12 2	—	3,708 12 2
Dried milk	26,332 lbs.	2,108 9 5	1,457 14 6	650 14 11
Cod-liver oil, malt, &c. .. .	19,294 lbs.	987 6 7	748 4 0	239 2 7
	Totals ..	6,804 8 2	2,205 18 6	4,598 9 8

The net cost to the County Council shows an increase of £975 5s. 1d. on the net cost for the previous financial year.

Ophthalmic Treatment.—Three part-time ophthalmic surgeons have been appointed by the Education Committee under the County Council's scheme for the treatment of school children, and their services are available for the treatment of certain cases referred from the welfare centres. If the parents' circumstances permit, they are required to pay the cost price of any spectacles supplied, together with a charge of 1s. for examination and fitting.

By arrangement with the Harrow Urban District Council, cases referred from the District Council's welfare centres are seen by the County Council's ophthalmic surgeon at the clinic established by the Middlesex Education Committee at Wealdstone. Refraction is carried out at an agreed charge between the two councils and glasses when required are supplied at a flat rate.

Dental Treatment.—At the dental clinics established for school children by the Education Committee, treatment is provided for expectant and nursing mothers, or children below school age, who are referred on account of oral sepsis or dental caries.

During the financial year, 1935-36, the sum contributed towards the cost of dental treatment, including the supply of dentures, was £381 13s. 1d., while the actual cost of the dentures only was £316 12s. 6d.

The following table gives particulars of the dental work which has been carried out during the year under the Council's Maternity and Child Welfare scheme :—

—	Mothers.	Children under 5 years of age.
Number inspected	498	473
„ of attendances made	2,837	917
„ in which treatment completed	233	351
„ of extractions (gas)	1,571	924
„ „ „ (local anæsthetic)	3,088	368
„ other treatments	1,675	468
„ fillings	339	265
„ dentures completed	280	—

There is in operation an agreement between the County Council and the local authorities concerned, whereby the dental treatment of expectant and nursing mothers and of children below school age attending welfare centres in Southall-Norwood, and of children only in Teddington, is undertaken at the County Council's dental clinics, and the work carried out under these agreements is included in the above table.

Treatment of Ophthalmia Neonatorum.—Arrangements are in force whereby infants suffering from ophthalmia neonatorum may be admitted to St. Margaret's Hospital, Kentish Town, one of the hospitals included in the Special Hospitals Service of the London County Council. During 1935, 9 cases of ophthalmia neonatorum were notified in the area of the County for which the County Council is the authority for maternity and child welfare. Of these, one was that of an infant born in Staines Institution, who was transferred to St. Margaret's Hospital for treatment.

Of the remaining eight cases, four were treated in hospital and four at home. The infants all made satisfactory recoveries with no apparent injury to vision.

Treatment of Puerperal Fever and Puerperal Pyrexia.—The advice of Mr. J. M. Wyatt, F.R.C.S., the County Council's consultant, was sought on nine occasions. Thirteen women were admitted, under arrangement with the London County Council, to wards at the North-Western Hospital reserved for the treatment of puerperal infection, under the care of Mr. Wyatt. Of this number one died, ten made satisfactory recoveries, and two were transferred to the West Middlesex County Hospital, one having developed puerperal mania and the other requiring massage. Both these patients were subsequently discharged as cured. One patient was admitted to Queen Charlotte's Isolation Hospital, where she made a satisfactory recovery.

Provision of Midwives.—The districts of Harefield and Ruislip-Northwood and of Yiewsley and West Drayton are not well supplied with privately practising midwives and the County Council employs two whole-time midwives to meet the needs of women in these areas. The number of cases attended by these midwives during the year 1935 was 154 as midwife and 16 as maternity nurse.

Grants were made in the financial year commencing 1st April, 1935, to certain district nursing associations which provide midwifery services, viz., Harmondsworth £25, Stanwell £25, and South Mimms, Potters Bar and Bentley Heath £50.

Central Consultative Ante-Natal Clinic.—Monthly sessions of this clinic were held in the Public Health Department, 10, Great George Street, Westminster, during the year. Dr. J. S. Fairbairn, F.R.C.S., F.R.C.P., who had acted as consulting obstetric physician since the inauguration of the clinic in 1925, resigned from his appointment in 1935 on account of his retirement from active practice. His place has been filled by Mr. J. M. Wyatt, F.R.C.S., who holds the appointment of obstetric physician to St. Thomas's Hospital and also acts as the County Council's consultant for the treatment of cases of puerperal fever and puerperal pyrexia.

Thirty-two cases were referred to the clinic for examination from local welfare centres or from private practitioners, and eight cases attended for re-examination, making altogether a total of forty attendances. Of the women who attended, six were referred for suspected disproportion, thirteen for malpresentation and two for heart disease. There were two cases of severe toxæmia. Five patients were referred to St. Thomas's Hospital for X-ray examination and in four instances version was performed. Admission to hospital for confinement was arranged for nine mothers, four to St. Thomas's Hospital and five to one or other of the County Council's Hospitals.

Investigation of Maternal Deaths.—During the course of the year Dr. Back carried out investigations into the deaths of 14 women who died in childbirth in the districts in Middlesex in which the County Council has agreed to undertake this enquiry. In each case a detailed report was forwarded to the Ministry of Health.

INFANT LIFE PROTECTION.

At the beginning of the year the County Council's register contained the names of 119 foster-parents, having in their care 161 children. During the year 69 additional foster-parents notified their intention of undertaking for reward the nursing and maintenance of infants, and 58 foster-parents notified that they had ceased to have infants in their care. Notifications of the reception of 219 infants, of the removal of 163 from the care of foster-parents, and of the deaths of five infants were received.

During 1935, the Council's health visitors, in their capacity of infant protection visitors, paid 161 first visits and 1,258 subsequent visits to the homes of foster-children. In 24 instances visits were made by Dr. Perkins, Dr. Back or Miss Coleman in connection with special enquiries it was considered necessary to make with regard to certain foster-children.

Inspection and Supervision of Food.

The Acts and Regulations dealing with the supervision of food supplies which are administered by the County Council deal with (a) certain powers and duties connected with the production of milk and (b) adulteration of food.

MILK PRODUCTION.

The year 1935 has been marked by the introduction of two important schemes calculated to improve the quality of the milk supply. The first of these is a scheme framed by the Minister of Agriculture and Fisheries under the powers conferred by section 9 of the Milk Act, 1934, and is called the Tuberculosis (Attested Herds) Scheme.

Briefly, where milk is being produced under a Milk Marketing Scheme approved by the Minister and a registered producer complies with conditions laid down by the Minister, the Milk Marketing Board will pay the producer an extra sum, not exceeding one penny per gallon, for milk so produced. The conditions required for the issue of a certificate of attestation are evidence that the owner of the herd has taken steps to eradicate tuberculosis from the herd and that, as a result of a tuberculin test made by a Veterinary Inspector of the Ministry of Agriculture and Fisheries, the herd has been found to be free from tuberculosis. The rules which are required to be observed by the owner are designed to prevent the herd from becoming infected with disease by the introduction of animals which may be infected with tuberculosis, or by contact with such animals. A herd included in the above arrangements is termed an "attested" herd and a roll of these is kept by the Ministry of Agriculture and Fisheries. There are no attested herds in Middlesex.

The second scheme is known as the Milk Marketing Board's scheme to establish a roll of "accredited" milk producers. The condition for admission to this roll is that the producer must be in possession of a licence to produce "Grade A" milk, and accredited producers are entitled to a premium from the Board. Although the production of "Grade A" milk does not negative the possibility of the contamination of such milk by tubercle and other pathogenic bacteria, it reduces the likelihood of such contamination by reason of the systematic veterinary inspection required, and it most certainly ensures that the milk is of a higher degree of cleanliness than obtains in the average undesignated milk.

For some years past the Middlesex Education Committee have organised clean milk competitions in the County and, for the supervision of these and also for the education of farmers generally with regard to the production of clean milk, have employed the services of a whole-time organiser of agricultural education. The arrangements approved by the County Council provide for complete co-operation between this officer and the staff of the Public Health Department and overlapping is thereby avoided.

The Order governing the granting of licences requires the farmer to submit to the County Council a certificate showing the results of an examination of the milch cows belonging to his herd, made not more than one month before the date of his application, by a veterinary surgeon nominated by the Council with the concurrence of the Minister of Health. The County Council decided that these examinations could be made by Mr. Wooff, M.R.C.V.S., the County Council's whole-time veterinary officer employed under the Milk and Dairies Order, 1926, without charge to the farmers.

Similarly, the subsequent quarterly veterinary inspections required by the Order are made by Mr. Wooff, without charge to the farmer.

Milk and Dairies (Consolidation) Act, 1915.—For a number of years past, the County Council has arranged for the routine collection of samples of milk from Middlesex producers and retailers, and for the examination of such samples by animal inoculation at the Lister Institute of Preventive Medicine. The objects of this investigation, which proceeds continuously week by week throughout the year, are to ascertain to what extent the milk supply of the County contains living tubercle bacilli, and to take such steps as may be possible for the improvement of the position.

During the year, 283 samples were taken and forwarded to the Lister Institute. In one instance no definite result was obtainable, owing to the premature death, from an intercurrent infection, of the guinea-pig inoculated; of the remaining 282 specimens, in which investigation was able to be carried to a conclusion, living tubercle bacilli were found in 21—equivalent to 7·4 per cent.

Of the 282 samples taken, four were of "Grade A" milk. In none of these samples were tubercle bacilli detected.

The following table shows the results which have been obtained since the year 1927 :—

Year.	Number of samples for which a definite result was obtained.	Number containing living tubercle bacilli.	Percentage of tubercle-infected milk.
1927	272	28	10·3
1928	228	23	10·1
1929	277	21	7·6
1930	272	22	8·1
1931	256	14	5·5
1932	266	31	11·6
1933	287	25	8·7
1934	289	17	5·9
1935	282	21	7·4

Of the 21 infected milks found in 1935, 10 were reported to have been produced in Middlesex and 11 in other counties. Investigations carried out at the farms, whence the tubercle-infected samples were stated to have originated, revealed the presence of tuberculous cattle in 16 instances (7 farms in Middlesex and 9 in other counties) and 23 cows were slaughtered, by the county councils concerned, under the provisions of the Tuberculosis Order, 1925, of the Ministry of Agriculture. On the remaining 5 farms, no evidence of bovine tuberculosis was discovered on veterinary examination of the herds, although in one instance it was found that some cows in poor condition had been sold for slaughter in the interval between taking the samples and the date, some weeks later, when the report upon the biological tests of the milk was received.

In Willesden, for many years past, the Borough Council has carried out the routine examination for tubercle bacilli of milk retailed within the borough. The Medical Officer of Health informs me that during the year, 48 samples of milk, taken from Willesden retailers, were examined for the presence of tubercle bacilli by animal inoculation. Only one sample, which had been produced outside Middlesex, was found to contain living tubercle bacilli.

Milk and Dairies Order, 1926.—Mr. Reginald Wooff, M.R.C.V.S., the County Council's whole-time veterinary inspector, visits every milk-producing farm in the County once a quarter, and in addition pays such special visits as may seem necessary for the purpose of following up defects noted among the milch cattle. Mr. Wooff's report upon his year's work is as follows :—

“The past year has shown the effect of the previous very dry summers and this has, in some cases, been aggravated by the extreme wetness of the autumn just passed. The general condition of the milch herds has been a cause of anxiety to many farmers in the County, and it has been a matter of difficulty to keep the cows in good condition. The study of feeding, however, is on the increase in the County and my advice as regards feeding is always listened to with attention. I am hoping that, with a normal amount of sunshine during the summer, the quantity of moisture in the ground will give a return to normal of the mineral content in the grasses, and consequently in the hay. For the past few years now there has been a gradual drop in the mineral salts content of the natural foods for cattle, and this has reached a stage when it has become a problem, and even sheep, &c., are beginning to become affected by this deficiency in minerals. Most farmers use mineral salt mixtures nowadays, but the actual mineral which is deficient appears to vary in different districts.

In my last report I remarked on the incidence of streptococcal infection. Microscopical examination of samples of milk during the year makes one hope that this evil is becoming less prevalent. There have certainly not been so many cases of heavy infection, and I think credit is due to the farmers themselves who are now constantly on the look-out for any abnormality, either of the milk or of the udder itself, and the obnoxious habit of stripping an infected quarter on to the ground is being stopped. Early attention to these cases saves time and money, which is a great factor at the present time.

During the year two new schemes for the improvement of the milk supply came into force, namely the “accredited” and the “attested” milk schemes. The former has met with a moderate response, but the latter does not appear to have been taken advantage of. I should like to have seen the “attested” scheme become general, but the greatest difficulty about it is that, if a farmer has his herd tuberculin-tested, it is highly probable the test will reveal the presence of a reactor or two in the herd. These cows may never show any clinical symptoms of tuberculosis during their lifetime and live to an old age, but anybody who has a “Grade A” licence may not keep a known reactor in the herd. The risk of having to dispose of a number of apparently healthy cows, who may be good milkers, appears to stop some people from taking advantage of the “attested” scheme.

The “accredited” scheme has greatly increased the amount of administrative work during the year, but I am of the opinion that it has been worth it, and that the farmers, with one or two exceptions, realize the extra responsibility and will maintain the standard of cleanliness in milk production

which is necessary to enable them to retain their licences. Occasionally one has to draw attention to minor details which are liable to become overlooked.

During the year it has been possible, in addition to supervisory or "following up" visits of inspection, to make routine examination at all the farms in the County each quarter. At the end of the year there were 171 milk producers in the area, having a total of approximately 5,200 milch cows in their possession. Of these farmers, 4 held licences as producers of "Certified" milk and 32 of "Grade A" milk. Approximately 19,000 clinical examinations of cows were made, and these inspections brought to light 53 animals which were suffering from tuberculosis, as defined under the Tuberculosis Order of the Ministry of Agriculture.

The above clinical cases were all reported to the local veterinary inspectors of the Diseases of Animals Sub-Committee to be dealt with under the Tuberculosis Order. All were slaughtered.

Work in the laboratory has been constant and increasing and much information is obtained from the personal use of the microscope. 291 specimens of milk and 15 specimens of sputum were examined by me during the year. From these, 15 specimens of milk and 3 of sputum were found to contain tubercle bacilli.

As time goes on it is going to be increasingly difficult to recognise tubercle-infected milks by means of the microscope, as in the early stages of disease tubercle bacilli are few in number, and constant inspection is also reducing the number of cases definitely recognisable by clinical examination. This means that use will have to be made of the biological test in an increasing number of cases.

I wish to place on record my high appreciation of the co-operation I have received from the farmers in the County, which has been very satisfactory and helpful."

In addition to being responsible for the removal of 53 tuberculous cows from Middlesex herds, Mr. Wooff took additional measures to protect the milk supply by stopping the sale of milk from a large number of cows suffering from streptococcal mastitis and other pathological conditions which were brought to light at his inspections.

Milk (Special Designations) Order, 1923.—For a number of years past, four dairymen in the County have held licences from the Ministry of Health for the production of "certified" milk. Their farms are situated in the Borough of Finchley and the Urban Districts of Enfield, Ruislip-Northwood and Wembley. All the four licences were renewed by the Ministry for the year 1935.

As a result of the scheme of the Milk Marketing Board, a large number of milk producers in the County made application to the County Council for licences to produce "Grade A" milk. The farms were all visited by Dr. Perkins and Mr. Wooff, and through the co-operation of the Education Committee these officers were accompanied by Mr. H. Rhys Williams, the County Council's whole-time organiser of Agricultural Education. Licences for the production of "Grade A" milk were granted by the County Council to thirty-two dairymen whose farms were situated in the following districts: Ealing, Enfield (9), Harrow (4), Hayes and Harlington, Hendon (2), Heston and Isleworth, Potters Bar (7), Ruislip-Northwood, Southgate, Staines, Uxbridge (3), and Wembley.

Tuberculosis Order, 1925.—This Order, which was made by the Minister of Agriculture, is administered by the Diseases of Animals Sub-Committee of the County Council. I am informed by the Clerk of the County Council that in the course of 1935, visits were made by the Council's part-time veterinary surgeons to 85 premises at which bovine tuberculosis had been reported or was suspected. Veterinary examination of 694 animals was carried out and 85 animals, in which tuberculous lesions, as defined by the Order, existed, were slaughtered. The compensation paid by the County Council to the owners of the slaughtered animals amounted to £705 17s. 6d.

ADULTERATION.

The Acts and Regulations dealing with adulteration of food and drugs are administered by the Public Control Department of the County Council. I am indebted to Mr. R. A. Robinson, Barrister-at-Law, Chief Officer of the Public Control Department, for the information regarding this branch of work.

Public Health (Preservatives, &c., in Food) Regulations, 1925 and 1927.

In the following table, the articles marked * were examined for the presence of preservatives.

Public Health (Dried Milk) Regulations, 1923 and 1927.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

No action was taken under these Regulations during the year.

Food and Drugs (Adulteration) Act, 1928.—In the following table are set out particulars of samples submitted to the County Analyst by officers of the Public Control Department.

Food or Drug.	Number of samples examined.	Number of samples adulterated or not up to standard.
*Angelica	1	—
Apples	1	—
Arrowroot	16	—
Aspirin	1	—
*Beef sausages	3	2
Brandy	1	—
*Brandy essence	1	—
*British wines	2	—
*Butter	40	—
*Cherries (tinned)	1	—
Cinnamon	1	—
Cocoa	1	—
Coffee	6	—
Coffee extracts with chicory	1	—
*Confectionery	4	—
*Cordials	2	—
*Cream	3	1
*Cream pastries	45	15
Demerara sugar	1	—
*Fish paste	1	—
Gin	10	4
Golden syrup	1	—
*Grape-fruit butter	1	1
*Green peas	1	—
Ground almonds	2	—
Ground ginger	1	—
Ground rice	2	—
Honey	2	—
*Jam	3	—
Jelly	1	—
Lemon soles	2	2
Liquid paraffin	1	—
*Meat paste	2	—
*Milk	1,115	28
*Milk, new	21	16
*Milk, sterilized	38	—
*Minced beef	1	—
*Mincemeat	4	—
Mustard	10	2
Olive oil	2	—
Pepper	8	—
*Prawns	1	—
Pudding sugar	1	1
Rum	16	6
*Sausages	3	1
Self-raising flour	1	—
Tea	1	—
Tincture of iodine	1	—
*Tomato sauce	2	—
Vinegar	13	3
Whisky	6	3
Totals	1,405	85

In addition to the above, 2,048 samples were examined during the year by officers of the Public Control Department.

During the year, 22 prosecutions were instituted in respect of the following articles of food :—

Cream pastry, 5 ; gin, 2 ; lemon sole, 1 ; milk, 10 ; vinegar, 1 ; whisky, 3.

Infectious Diseases.

SMALLPOX.—No cases of smallpox occurred in Middlesex during 1935.

SCARLET FEVER.—In the year 1934 the incidence of scarlet fever was higher than at any time since 1921. The number of notified cases reached the high figure of 7,459 with an incidence-rate of 4·12 per 1,000 persons living. A very considerably lessened prevalence was recorded for 1935, the number of notifications falling to 5,352 and the incidence-rate to 2·87 per 1,000 population. The number of fatal cases of scarlet fever in 1935 was 25, corresponding to a case-mortality-rate of 0·47 per cent. and a death-rate from scarlet fever of 0·01 per 1,000 population. A similar rate was recorded in London, England and Wales and the Great Towns. The sanitary districts in the County in which the incidence of scarlet fever was greatest were : Yiewsley and West Drayton (6·52), Uxbridge (4·88), and Friern Barnet (4·08).

DIPHTHERIA.—The figures relating to the incidence of diphtheria during 1935 are not appreciably different from those of 1934. The incidence during both these years has been at an unwontedly high level. During 1935 there were notified 2,246 cases of diphtheria in Middlesex, corresponding to an incidence-rate of 1·20 per 1,000 persons living. The number of deaths from diphtheria was 110 (104 deaths of children below the age of 15), corresponding to a case-mortality-rate of 4·90 per cent. The death-rate from diphtheria per 1,000 persons living in Middlesex was 0·06 : the same rate was recorded for London and the Great Towns and a rate of 0·08 for England and Wales. The districts in Middlesex in which the highest incidence occurred were Willesden (2·39), Teddington (2·25) and Hayes and Harlington (2·06).

IMMUNIZATION.—The prevention of the outbreak and spread of infectious diseases among children, where a comparatively large number are living in close personal contact such as obtains in residential institutions and large scattered homes, presents a problem of considerable difficulty and anxiety. Apart from the immediate danger to the individual children who are attacked, and the possibility of severe and permanent after-effects, much valuable school-time may be lost by healthy children living in the same establishment, owing to their exclusion from school as “contacts,” while the cost of the treatment and maintenance in an isolation hospital of the sufferers themselves is not inconsiderable. Much can be done by careful attention to general measures of hygiene, but in the case of some diseases the effect of such precautions can be enormously enhanced by the application of specific methods of control.

Protective measures have been introduced against certain common infectious diseases, *e.g.*, measles and scarlet fever, but the methods of prophylaxis in these instances to some extent must still be regarded as on trial. In the case of diphtheria, however, which, by reason of its comparatively high mortality-rate and the prolonged nature of the treatment and convalescence required, may be deemed to be the most serious of the common infectious diseases, preventive measures, based on the immunisation of susceptible subjects, have long passed out of the region of experiment. By a short series of injections, containing one or other of a variety of modifications of the toxins produced by diphtheria bacilli when cultivated *in vitro*, between 90 per cent. to 100 per cent. of persons, previously found to be susceptible to diphtheria, can be afforded an immunity to the disease, which endures for a considerable number of years, and in the vast majority of cases may be considered to be permanent. A simple skin test, known as the Schick test, gives prior indication of those individuals who are susceptible to diphtheritic infection, and the same test, carried out not less than three months after the series of injections has been completed, affords reliable evidence as to whether immunity has been satisfactorily established.

The County Council has decided that it is advisable to carry out the prophylactic treatment of diphtheria among the children living in the scattered homes and institutions under their control, and, during 1935, a start was made by the examination, followed where necessary by the immunisation, of 217 children living at Chase Farm Schools. Infants under the age of one year were not dealt with, as, during the first year of life, an infant has a considerable degree of passive immunity derived from the mother. Children over the age of five were submitted to a preliminary Schick test, but those under this age received immunising injections without preliminary test, since practically all young children are found to be susceptible to diphtheria.

The immunising preparation used was that known as T.A.F. (toxoid-antitoxin floccules), which has a high immunising power combined with a low tendency to produce any toxic reaction. The series consisted of three injections, the second being made one week after the first, and the third a fortnight later.

The results may be summarised as follows :—

Total number of children dealt with	..	..	..	..	217
Number of children under 5 years of age	..	..	..	..	42
Number of children submitted to Schick test	..	..	..	..	175
Number of children found negative to Schick test (<i>i.e.</i> , non-susceptible to diphtheria)	..	..	..	..	128
Nuner of children given injections of T.A.F. :—					
Under 5	..	..	..	..	42
Over 5	..	..	..	..	47
	—	Total	..	..	89
Discharged before completion of course of injections	..	..	..	..	2
Completed course of injections	..	..	..	..	87

Twenty of the children dealt with were discharged from Chase Farm before it was practicable to test their immunity by the Schick test, but, of the 67 to whom this test could be applied, no less than 66, over 99 per cent., were found to be successfully immunised, and the remaining child reacted much less definitely than before the injection had been given.

ENTERIC FEVER.—One hundred and five cases of diseases of the typhoid and paratyphoid group of fevers, of which 12 proved fatal, were notified during the course of 1935. This number, although by no means large, having in mind the population of the county, is greater than has been recorded during the last few years. Of the total number of cases, 23 occurred in Edmonton and were the subject of a special investigation by the Medical Officer of Health in consultation with officers of the Ministry of Health. No evidence of any common source of infection, however, was forthcoming. The figures for the County correspond to a case-rate of 0·06, a death-rate of 0·01 per 1,000 persons living and a case-mortality-rate of 11·4 per cent.

The following table gives statistical information regarding scarlet fever, diphtheria and enteric fever in each district of the County.

COUNTY AND DISTRICT RATES, 1935.
Scarlet Fever, Diphtheria, Enteric Fever.

Boroughs and Urban Districts.	Number of cases notified, with case-rate per 1,000 living. Number of deaths recorded, with death-rate per 1,000 living.											
	Scarlet Fever.				Diphtheria.				Enteric Fever.			
	Cases Notified.		Deaths Recorded.		Cases Notified.		Deaths Recorded.		Cases Notified.		Deaths Recorded.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Acton (<i>Borough</i>)	104	1·51	—	—	81	1·17	8	0·12	2	0·03	1	0·01
Brentford and Chiswick (<i>Borough</i>)	125	2·00	2	0·03	56	0·90	3	0·05	2	0·03	—	—
Ealing (<i>Borough</i>)	394	2·86	2	0·01	228	1·66	15	0·11	7	0·05	—	—
Edmonton ..	334	3·47	1	0·01	127	1·32	4	0·04	23	0·24	3	0·03
Enfield ..	229	2·98	1	0·01	80	1·04	2	0·03	2	0·03	2	0·03
Feltham ..	75	3·18	—	—	30	1·27	2	0·08	—	—	—	—
Finchley (<i>Borough</i>)	171	2·73	3	0·05	29	0·46	—	—	3	0·05	—	—
Friern Barnet ..	101	4·08	—	—	13	0·53	—	—	1	0·04	—	—
Hampton ..	24	1·74	—	—	11	0·80	—	—	—	—	—	—
Hampton Wick..	6	2·04	—	—	1	0·34	—	—	—	—	—	—
Harrow ..	501	3·47	3	0·02	85	0·59	2	0·01	5	0·03	—	—
Hayes and Har- lington	117	3·71	—	—	65	2·06	4	0·13	—	—	—	—
Hendon (<i>Borough</i>)	378	2·82	—	—	138	1·03	10	0·07	14	0·10	1	0·01
Heston and Isle- worth (<i>Borough</i>)	213	2·34	1	0·01	71	0·78	3	0·03	4	0·04	—	—
Hornsey (<i>Borough</i>)	242	2·54	—	—	82	0·86	1	0·01	1	0·01	1	0·01
Potters Bar ..	5	0·53	—	—	13	1·38	1	0·11	—	—	1	0·11
Ruislip-North- wood	92	3·69	—	—	14	0·56	1	0·04	1	0·04	—	—
Southall-Norwood	122	2·53	2	0·04	67	1·39	5	0·10	2	0·04	—	—
Southgate (<i>Borough</i>)	133	2·14	—	—	25	0·40	1	0·02	3	0·05	—	—
Staines ..	59	2·24	—	—	5	0·19	—	—	2	0·08	—	—
Sunbury ..	6	0·40	—	—	12	0·80	—	—	1	0·07	—	—
Teddington ..	37	1·60	—	—	52	2·25	2	0·09	—	—	—	—
Tottenham .. (<i>Borough</i>)	577	3·84	3	0·02	286	1·90	14	0·09	3	0·02	2	0·01
Twickenham (<i>Borough</i>)	44	0·94	1	0·02	42	0·90	3	0·06	1	0·02	—	—
Uxbridge ..	186	4·88	1	0·03	31	0·81	1	0·03	7	0·18	—	—
Wembley ..	242	2·95	—	—	95	0·96	5	0·05	7	0·07	1	0·01
Willesden (<i>Borough</i>)	486	2·58	3	0·02	451	2·39	18	0·10	10	0·05	—	—
Wood Green .. (<i>Borough</i>)	201	3·76	1	0·02	38	0·71	4	0·07	4	0·07	—	—
Yiewsley and West Drayton	98	6·52	1	0·07	18	1·20	1	0·07	—	—	—	—
THE COUNTY ..	5,352	2·87	25	0·01	2,246	1·20	110	0·06	105	0·06	12	0·01

DYSENTERY.—Thirty-seven cases were notified in 1935 as compared with five cases in the previous year. Nearly half the total is accounted for by a small outbreak (17 cases) which occurred in February and March at the London County Council's mental hospital at Colney Hatch.

ERYSIPELAS.—This disease, like scarlet fever, is a streptococcal infection. Coincidentally with the diminished prevalence of scarlet fever, already noted as having occurred in 1935, a lowered incidence of erysipelas also was recorded. The number of notifications fell from 769 in 1934 to 605 in 1935.

CEREBRO-SPINAL FEVER.—Twenty-four cases of this disease were notified with 16 deaths. Twelve of the fatal cases were of children below the age of 15 years.

ENCEPHALITIS LETHARGICA.—Twenty-three deaths from this disease in its acute or chronic form were recorded. Eight new cases were notified.

ACUTE POLIOMYELITIS AND POLIOENCEPHALITIS.—The number of notifications of these two allied conditions were 17 and 4 respectively. No deaths were reported.

MEASLES.—The compulsory notification of measles is operative in only a few districts in the County, so that accurate information of the incidence of the disease is not available. The mortality from measles, however, is an indirect measure of its incidence, and the following table shows the annual number of deaths from measles in Middlesex during the past 10 years :—

Year.				Deaths.	Year.				Deaths.
1926	..	..	..	160	1931	..	..	..	16
1927	..	..	..	4	1932	..	..	..	133
1928	..	..	..	216	1933	..	..	..	6
1929	..	..	..	6	1934	..	..	..	143
1930	..	..	..	135	1935	..	..	..	7

The biennial fluctuation, which is characteristic of measles, is well shown.

PNEUMONIA.—The incidence of primary pneumonia during 1935 was lower than for any year since 1926. The number of notifications was 1,347, corresponding to an incidence-rate of 0.72 per 1,000. This figure compares very favourably with that for England and Wales (1.15), London (0.89) and the Great Towns (1.36). The number of deaths from *all forms* of pneumonia in 1935 in Middlesex was 988, corresponding to a death-rate from the disease of 0.53 per 1,000 of the population, compared with 1,123 deaths and a death-rate of 0.62 in 1934.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Notifications of 135 cases of puerperal fever (4.89 per 1,000 births) and 294 cases of puerperal pyrexia (10.7 per 1,000 births) were received during 1935. The corresponding figures for the previous year were :—

Puerperal fever 156 notifications (5.91 per 1,000 births).

Puerperal pyrexia 292 notifications (11.1 per 1,000 births).

The number of deaths due to puerperal sepsis in the County was 43, equivalent to a maternal mortality rate from sepsis of 1.56 per 1,000 live births, as compared with 1.74 in 1934 and 2.12 in 1933 (a year of abnormally high incidence and mortality).

OPHTHALMIA NEONATORUM.—The number of cases notified in 1935 was 120, or a case-rate of 4.35 per 1,000 births.

MALARIA.—Five cases of malaria, all of which had been contracted abroad, were notified.

UNDULANT FEVER.—Two cases were notified in the Borough of Hendon.

ANTHRAX.—One case occurred in Edmonton. The patient, who was employed as a furrier's flesher, recovered from the illness.

CHOLERA, PLAGUE, TYPHUS.—No cases of any of these diseases were notified.

PUBLIC VACCINATION.

The table on page 58 has been compiled from the annual returns of the several vaccination officers of the County. It gives information as to the degree of compliance with the Vaccination Acts by the end of January, 1936, of all infants born during the year 1934. The results of the operation of the Acts in Middlesex may be summarized as follows :—

Births registered during 1934	22,706*
Infants successfully vaccinated	9,112
Infants insusceptible to vaccination	89
Infants who had had smallpox	—
Statutory declarations of conscientious objection	9,167
Infants died unvaccinated	797
Vaccination postponed by medical certificates	322
Removals to other districts	1,092
Removals to places unknown, &c.	1,040
Otherwise unaccounted for	1,087

* This figure does not include re-registered births or cases of children born in other districts.

Of 22,706 infants whose births were registered in Middlesex during 1934, 797 died unvaccinated. Of the remainder, viz., 21,909, only 9,201 (42·0 per cent.), were successfully vaccinated or were certified to be insusceptible to vaccination. Statutory declarations of conscientious objection were made in respect of no fewer than 9,167 infants (41·8 per cent.), whilst 3,541 infants were not vaccinated for various other reasons (postponement on medical certificate, removal, &c.).

VACCINATIONS PERFORMED BY PUBLIC VACCINATORS DURING 1935.

Vaccination Districts.	Vaccinations.			Successful re-vacci- nations.
	Under 1 Year.	1 Year and upwards.	Totals.	
<i>North Middlesex—</i>				
Edmonton North	203	13	216	5
Edmonton South	134	23	157	5
Enfield Chase	—	—	—	—
Enfield Town	80	9	89	—
Enfield Highway and Ponders End	86	3	89	1
South Mimms	19	2	21	—
<i>North-East Middlesex—</i>				
Finchley North	29	10	39	12
Finchley South	11	2	13	2
Friern Barnet	18	6	24	4
Southgate	109	11	120	7
Winchmore Hill	34	2	36	2
Wood Green	158	19	177	17
<i>East Middlesex—</i>				
Highgate	60	9	69	6
Hornsey	165	16	181	10
Tottenham High Cross	63	5	68	4
Lower Tottenham East	65	9	74	3
Lower Tottenham West	57	13	70	6
Tottenham South West	13	2	15	—
Tottenham West Green	160	40	200	7
<i>North-West Middlesex—</i>				
Burnt Oak and Watling Estate	79	10	89	4
Child's Hill	56	2	58	10
Edgware, Little Stanmore and Lower Hale	88	8	96	6
Golders Green and Hampstead Garden Suburb	37	5	42	1
Great Stanmore and Harrow Weald	85	2	87	2
Harrow	94	10	104	22
Hendon Central	214	12	226	9
Kingsbury	99	6	105	5
Mill Hill	64	9	73	29
Pinner	76	2	78	5
Wealdstone	107	15	122	3
Wembley	156	14	170	7

Vaccination Districts.	Vaccinations.			Successful re-vacci- nations.
	Under 1 Year.	1 Year and upwards.	Totals.	
<i>Central Middlesex—</i>				
Acton	222	20	242	13
Harlesden	417	34	451	41
Kilburn	502	18	520	15
<i>South Middlesex—</i>				
Brentford	106	22	128	13
Chiswick	244	67	311	8
Ealing and West Twyford	145	15	160	11
Greenford, Hanwell and Perivale	294	6	300	9
Heston and Hounslow	273	11	284	15
Isleworth	214	17	231	6
Northolt	44	2	46	2
<i>West and South-West Middlesex—</i>				
Ashford	108	8	116	3
Bedfont, Feltham and Hanworth	235	30	265	—
Cowley and Hillingdon	283	17	300	—
Cranford, Harlington, Sipson and Heathrow	47	1	48	—
Hampton	49	3	52	—
Hampton Hill	10	—	10	1
Hampton Wick	13	1	14	1
Harefield	45	3	48	2
Harmondsworth, Longford and Stanwell	41	—	41	2
Hayes	88	11	99	1
Norwood	173	25	198	13
Ruislip	143	11	154	7
Shepperton and Littleton	33	—	33	5
Staines and Laleham	48	6	54	4
Sunbury	No re turn.			
Teddington	159	10	169	9
Twickenham	290	13	303	19
Uxbridge and Ickenham	10	1	11	—
West Drayton and Yiewsley	73	2	75	—
<i>Institutions—</i>				
North Middlesex Hospital and Edmonton House	8	—	8	1
Enfield House	—	—	—	—
Chase Farm	—	3	3	—
Redhill Hospital	169	—	169	—
Redhill Institution	—	—	—	—
Staines Institution	2	1	3	—
Children's Home, Ashford	—	—	—	—
Hillingdon County Hospital	90	2	92	—
Hillingdon Institution	—	—	—	—
Children's Home, Hillingdon (Bartram Lodge)	—	—	—	—
West Middlesex County Hospital and Extension	1	—	1	2
Central Children's Home, S. Middlesex area (Dundee House, Isleworth)	—	—	—	—
Central Middlesex County Hospital	3	2	5	—
Central Children's Home, Willesden area	—	1	1	—
Ashford Residential School (L.C.C.)	—	—	—	—
Erskine Hill, Hendon Residential School (L.C.C.)	—	—	—	—
Totals	7,201	652	7,853	397

RETURN OF VACCINATION OFFICERS RELATING TO BIRTHS REGISTERED IN 1934.

Registration Sub-Districts comprised in the Vaccination Officer's District.	Vaccination Officers.	Number of Births registered from 1st January to 31st December, 1934.	Number of these Births duly entered by 31st January, 1936, in Vaccination Register, viz. :—				Number of these Births which, on 31st January, 1936, remained unentered in the Vaccination Register on account of—			Number of these Births remaining on 31st Jan., 1936, neither entered in the Vaccination Register nor temporarily accounted for.	Number of Certificates of successful Primary Vaccination of children under 14 received during 1935.	Number of Statutory Declarations of conscientious objection actually received during 1935.
			Successfully Vaccinated.	In-susceptible to Vaccination.	Had Small Pox.	Statutory Declarations of conscientious objection.	Died unvaccinated.	Post-ponement by Medical Certificate.	Removal to other Districts.	Removal to places unknown and cases not found.		
Edmonton	T. E. David	2,350	559	3	—	1,255	105	29	187	117	616	1,312
Enfield	H. Cooper	853	202	1	—	427	24	3	23	15	225	459
Tottenham, East	L. J. Atherton	728	135	2	—	447	23	6	13	23	475	771
Tottenham, West	"	547	105	2	—	341	20	4	6	25		
Finchley	S. M. Baldock	590	188	—	—	314	39	—	—	49	187	465
South Mimms	"	82	35	—	—	41	4	—	—	2		
Hornsey	G. E. Dew	786	453	9	—	264	16	—	18	10	492	259
Southgate	T. E. David	480	216	1	—	187	11	8	18	7	246	199
Wood Green	H. Cooper	489	176	3	—	209	18	1	22	29	123	157
Harrow	F. Moore	2,196	788	24	—	1,026	58	35	79	147	1,110	998
Hendon	A. E. Taylor	1,445	819	8	—	344	44	19	90	82	1,056	407
Edgware	Miss A. L. Coomber	1,199	524	6	—	416	44	9	90	5	711	484
Kilburn	W. H. Seabrook	843	376	3	—	266	26	36	6	85	802	215
Harlesden	J. C. James	1,108	490	1	—	360	52	—	137	63	682	348
Acton	G. F. K. Stidworthy	556	246	—	—	175	25	25	19	38	164	121
Ealing	B. W. La Nauze	1,226	503	10	—	498	36	23	62	39	567	473
Hayes	E. J. Burridge	1,000	314	2	—	544	15	1	16	30	426	335
Uxbridge	A. Finch	1,229	632	5	—	425	35	4	117	11	877	404
Hanwell	Mrs. J. Clough	672	235	2	—	350	35	20	10	20	375	315
Brentford	H. S. Baker	161	79	—	—	55	4	2	4	10	131	56
Chiswick	"	338	187	—	—	95	19	4	2	12	302	95
Isleworth	W. J. Barkwill	1,702	804	2	—	420	71	72	151	92	884	507
Staines	A. H. Bates	393	176	—	—	146	16	4	10	41	236	146
Sunbury	R. Flood	775	322	—	—	312	20	3	3	35	250	330
Twickenham	W. J. Barkwill	526	292	5	—	123	19	14	5	26	352	138
Hampton	Mrs. M. R. Baines	432	256	—	—	127	18	—	4	27	314	125
Totals	Totals	22,706	9,112	89	—	9,167	797	322	1,092	1,040	11,603	9,119

ISOLATION HOSPITAL ACCOMMODATION.

(a) *Smallpox*.—The County Council is the authority for the provision of smallpox hospital accommodation for the whole of the administrative county. It has met its obligations by entering into an agreement with the London County Council whereby the very extensive accommodation provided by that authority has been made available for the reception of any smallpox cases occurring in the County of Middlesex.

(b) *Other Acute Specific Fevers*.—In accordance with section 63 of the Local Government Act, 1929, the County Council prepared a scheme to ensure the provision of adequate isolation hospital accommodation to serve the needs of every part of the county. Details of this scheme were set out in my annual report for 1933. The scheme was very freely amended by the Ministry of Health in 1934, in an attempt to reconcile the somewhat divergent views expressed by certain of the county districts, and, during 1935, the various representations made by the county districts were under consideration by the Ministry. The final scheme as amended and approved by the Ministry of Health did not appear until March, 1936.

Under the provisions of the Staines Joint Hospital District Order, 1909, made by the County Council and confirmed by the late Local Government Board, it is necessary for the Joint Hospital Committee to obtain the approval of the County Council to any plans or contracts for the enlargement of the hospital. The Order further provides that the County Council shall raise any necessary loan for approved capital expenditure and advance the money to the Joint Hospital Committee.

In 1934, plans for providing side wards and an operating theatre at a cost of £2,500 were approved by the County Council, but, subsequently, the Hospital Committee decided provision should be made at the hospital for severe and complicated cases of measles, and submitted revised plans for the consideration of the County Council. In February 1935, the County Council expressed its approval of these revised plans and agreed to raise £2,000 additional to the original estimate of £2,500.

TUBERCULOSIS.

The number of new cases of tuberculosis reported during the year by medical officers of health of the constituent local sanitary authorities of the County was 2,529, an increase of 69 over the number reported in 1934. Of these cases, 43 were those of persons who had changed their place of residence from one sanitary district to another within the County, and, in accordance with the Regulations, were the subject of primary notification in each district, whilst 9 were cases which in previous years had been brought to the notice of medical officers of health by means other than notification but which were formally notified in 1935. Thus the net number of new cases in the County as a whole was 2,477. This number includes not only the new cases which arose and were diagnosed in the course of the year, but also the considerable number of persons with established disease who removed into the County during the year.

Of the gross total, 2,151 (85·05 per cent.) were notified by medical practitioners or school medical officers, in accordance with the Regulations, and 378 (14·95 per cent.) came to the notice of medical officers of health otherwise than by formal notification.

The incidence-rate of tuberculosis (all forms), as measured by the number of cases reported, amounted to 1·15 per 1,000 persons living, which is the lowest rate which has ever been recorded in Middlesex. The incidence-rate of pulmonary tuberculosis at 0·98 per 1,000 persons living is the same as that for 1934, which was the lowest on record. For reasons which have been discussed in previous reports, these figures, although significant, cannot be regarded as an entirely trustworthy index of the occurrence of the disease.

The number of deaths from tuberculosis in 1935 was 1,187, of which 1,028 were due to pulmonary and 159 to non-pulmonary tuberculosis. The death-rate from all forms of tuberculosis for the year was 0·64, as compared with a corresponding rate of 0·72 for England and Wales.

The death-rates from all forms of tuberculosis (0·64), from pulmonary tuberculosis (0·55) and from non-pulmonary tuberculosis (0·085) all constitute new low records for the County.

The diagram on page 61 illustrates the fall in mortality from tuberculosis which has taken place during the present century. With the exception of the war years, the fall has been fairly steady and constant. As, however, the significance of small decreases in the mortality rate may not be readily apparent, it may be well to consider and interpret some actual comparative figures relating to recent years. In 1925 the death-rate from all forms of tuberculosis was 0·84, which at that time was the lowest which had ever been recorded in Middlesex. In 1935 this rate had fallen to 0·64. This decrease in mortality rate, translated in terms of human life and applied to the present population, represents an annual saving of nearly 400 lives of Middlesex men, women and children.

In the following table are set out figures showing notifications and deaths, and the corresponding rates, both for pulmonary tuberculosis and for all forms of the disease during the past ten years.

TUBERCULOSIS NOTIFICATIONS AND DEATHS FOR THE PAST 10 YEARS.

	Tuberculosis of Respiratory System.				All Forms of Tuberculosis.			
	Number of Noti- fications.	Rate per 1,000 living.	Number of Deaths.	Death-rate per 1,000 living.	Number of Noti- fications.	Rate per 1,000 living.	Number of Deaths.	Death-rate per 1,000 living.
1926	1,655	1.25	944	0.71	2,009	1.52	1,138	0.86
1927	1,621	1.20	1,024	0.76	2,015	1.49	1,193	0.88
1928	1,478	1.04	909	0.64	1,819	1.28	1,071	0.76
1929	1,606	1.10	1,058	0.73	1,911	1.31	1,215	0.83
1930	1,623	1.04	981	0.63	2,015	1.29	1,164	0.75
1931	1,749	1.07	989	0.60	2,120	1.29	1,160	0.71
1932	1,733	1.02	965	0.57	2,108	1.24	1,144	0.67
1933	1,750	1.00	1,046	0.60	2,082	1.19	1,224	0.70
1934	1,767	0.98	1,086	0.60	2,098	1.16	1,266	0.70
1935	1,826	0.98	1,028	0.55	2,151	1.15	1,187	0.64

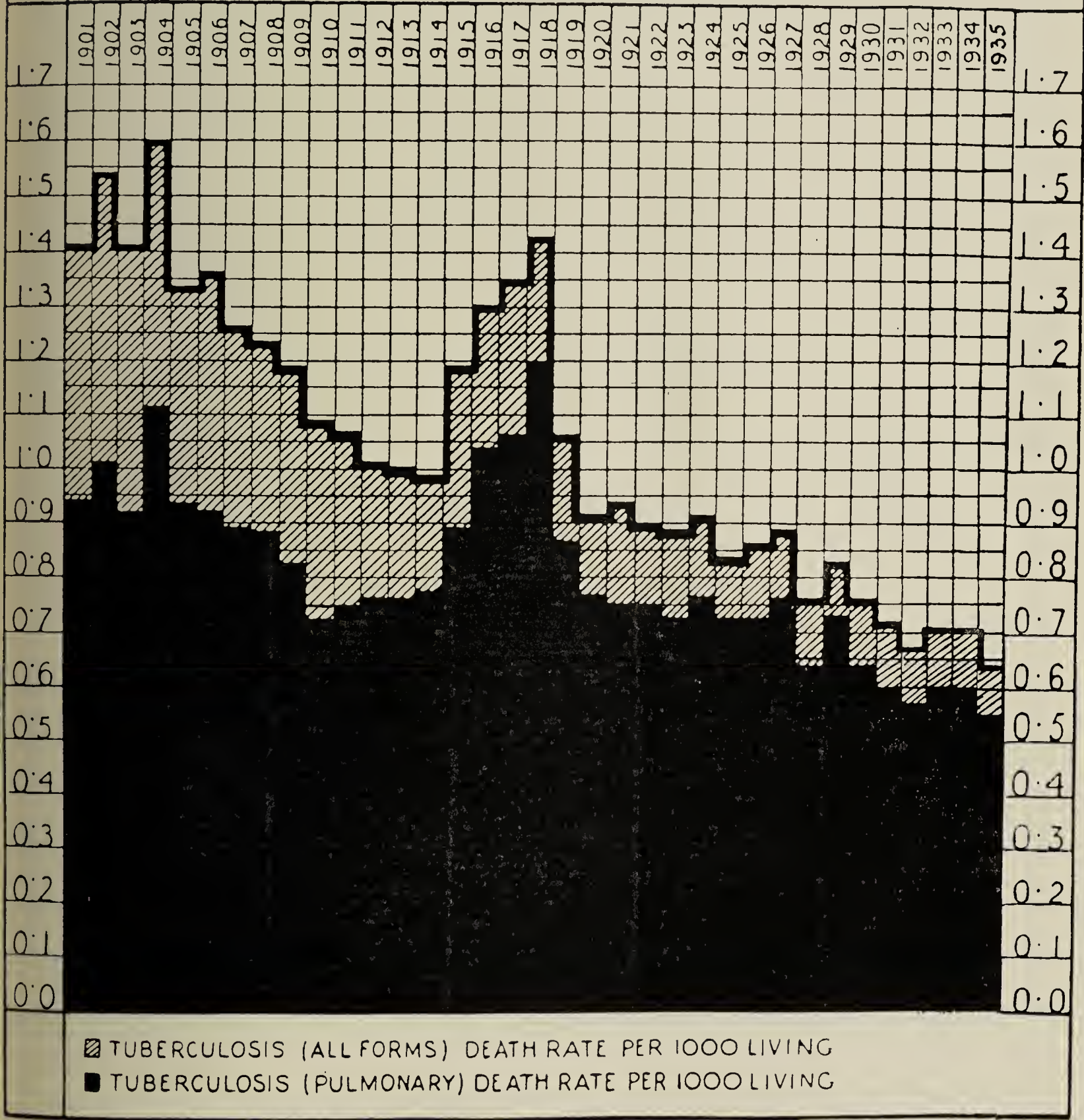
The following table shows the age and sex distribution of the 2,477 new cases, which came to the notice of the County Council in 1935, divided into pulmonary and non-pulmonary groups and compared with the number of deaths, similarly classified.

NEW CASES AND DEATHS DURING 1935.

Age Periods.				New Cases.				Deaths.			
				Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0-1	..	..	..	—	4	3	2	—	2	3	4
1-5	..	..	..	7	6	33	16	2	2	16	11
5-10	..	..	..	33	21	48	28	} 6	7	14	24
10-15	..	..	..	19	31	35	40				
15-20	..	..	..	97	120	23	18				
20-25	..	..	..	156	197	10	26	} 85	115	17	12
25-35	..	..	..	293	326	24	28				
35-45	..	..	..	204	154	15	18	134	153	7	10
45-55	..	..	..	148	70	4	11	116	77	9	7
55-65	..	..	..	106	39	8	3	120	41	4	5
65 and upwards	..	..	..	37	13	1	2	86	40	8	4
Totals..	..	..	..	1,100	981	204	192	28	14	3	1

In the table on page 62 are set out details relating to notifications of, and deaths from, tuberculosis in each sanitary district in Middlesex, together with the numbers of persons whose names at the close of the year were on the tuberculosis registers of the various local sanitary authorities.

COUNTY OF MIDDLESEX
TUBERCULOSIS DEATH-RATES



NOTIFICATIONS OF, DEATHS FROM, AND TOTAL NUMBER OF CASES OF TUBERCULOSIS IN EACH SANITARY DISTRICT.

Infectious Diseases.

Boroughs and Urban Districts.	Tuberculosis (all forms).				Cases of tuberculosis at 31st December, 1935, on the Registers of Medical Officers of Health of districts in the County.						
	Cases notified, 1935.		Deaths, 1935.		Pulmonary.		Non-Pulmonary.		Grand Total.		
	No.	Rate per 1,000 living.	No	Rate per 1,000 living.	Males.	Females.	Total.	Males.		Females.	Total.
Acton (Borough)	78	1.13	41	0.59	159	162	321	35	25	60	381
Brentford and Chiswick (Borough)	95	1.52	42	0.67	286	292	578	60	90	150	728
Ealing (Borough)	180	1.31	103	0.75	246	206	452	51	47	98	550
Edmonton	144	1.50	82	0.85	257	196	453	73	69	142	595
Enfield	67	0.87	52	0.68	185	148	333	51	50	101	434
Feltham	12	0.51	12	0.51	19	10	29	8	10	18	47
Finchley (Borough)	47	0.75	23	0.37	85	84	169	13	32	45	214
Friern Barnet	21	0.85	13	0.53	36	33	69	6	7	13	82
Hampton	10	0.73	10	0.73	14	14	28	7	4	11	39
Hampton Wick	6	2.04	4	1.36	6	7	13	—	3	3	16
Harrow	169	1.17	72	0.50	250	212	462	49	63	112	574
Hayes and Harlington	30	0.95	21	0.67	48	35	83	15	18	33	116
Hendon (Borough)	144	1.07	84	0.63	301	264	565	104	112	216	781
Heston and Isleworth (Borough)	118	1.30	53	0.58	143	151	294	49	47	96	390
Hornsey (Borough)	77	0.81	68	0.71	286	268	554	96	88	184	738
Potters Bar	14	1.49	6	0.64	22	19	41	7	7	14	55
Ruislip-Northwood	17	0.68	6	0.24	51	45	96	17	7	24	120
Southall-Norwood	55	1.14	29	0.60	122	108	230	30	36	66	296
Southgate (Borough)	49	0.79	27	0.43	108	77	185	19	19	38	223
Staines	22	0.83	17	0.64	25	16	41	7	8	15	56
Sunbury	10	0.66	6	0.40	13	17	30	4	5	9	39
Teddington	20	0.86	19	0.82	40	38	78	10	14	24	102
Tottenham (Borough)	239	1.59	124	0.82	348	299	647	98	74	172	819
Twickenham (Borough)	50	1.07	33	0.71	83	79	162	18	24	42	204
Uxbridge	37	0.97	22	0.58	68	48	116	27	20	47	163
Wembley	112	1.13	56	0.56	165	137	302	21	25	46	348
Willesden (Borough)	260	1.38	131	0.70	328	320	648	72	91	163	811
Wood Green (Borough)	52	0.97	24	0.45	151	104	255	31	52	83	338
Yiewsley and West Drayton	16	1.06	7	0.47	48	42	90	20	20	40	130
The County	2,151	1.15	1,187	0.64	3,893	3,431	7,324	998	1,067	2,065	9,389

SCHEME FOR THE PREVENTION AND TREATMENT OF TUBERCULOSIS.

(a) *Tuberculosis Dispensaries.*

Since the year 1919, the county has been divided for administrative purposes into six dispensary areas, each in the charge of a tuberculosis medical officer. During the intervening years the population of the county has increased by over half a million persons, and despite the very satisfactory decrease in the incidence of tuberculosis, to which reference already has been made, the volume of work to be carried out in the dispensary areas has been steadily growing. In November, 1935, the County Council approved a proposal to establish an additional dispensary area by the division of the existing areas 2 and 3, where the pressure of work has been most heavily felt, into three new areas. The scheme entailed the appointment of an additional tuberculosis officer and two tuberculosis nurses, and the erection of a head dispensary to serve the new area. It was decided that the new area should consist of the Borough of Hendon and the Urban Districts of Harrow and Ruislip-Northwood and that the new head dispensary should be built in the grounds of Redhill County Hospital, in order that the resources of the hospital—x-ray department, laboratories and, if necessary, beds—might be available for the assistance of the dispensary. It was not possible to make the necessary appointments until 1936, and at the close of 1935 the tuberculosis dispensary arrangements in the county were as follows :—

Area.	Districts served.	Tuberculosis Medical Officer.	Head Dispensary.	Branch Dispensaries.
1	Edmonton, Enfield	Dr. H. Evans ..	279, Fore Street, Edmonton.	—
1A	Tottenham	Dr. S. T. Davies ..	140, West Green Road, Tottenham.	—
2	Finchley, Friern Barnet, Hendon (except Edgware) Hornsey, Potters Bar, Southgate, Wood Green.	Dr. J. R. B. Dobson	Chester Villa, High Road, N. Finchley.	10, Alexandra Road, Hornsey ; 158, The Broadway, West Hendon.
3	Edgware, Harrow, Ruislip-Northwood, Wembley, Willesden.	Dr. O. Bruce ..	Pound Lane, Willesden.	53, Greenhill Crescent, Harrow.
4	Acton, Ealing, Hayes and Harlington, Southall-Norwood, Uxbridge, Yiewsley and West Drayton.	Dr. J. N. Roe.	Green Man Passage, Uxbridge Road, West Ealing.	156, High Street, Uxbridge.
5	Brentford & Chiswick, Feltham, Hampton, Hampton Wick, Heston & Isleworth, Staines, Sunbury, Teddington, Twickenham.	Dr. W. S. Forbes ..	28, Bell Road, Hounslow.	14, Heathfield Terrace, Chiswick ; 12, Thames Street, Staines ; 1, Staines Road, Twickenham.

Dr. F. A. H. Simmonds, the former tuberculosis officer for Area 4, was appointed medical superintendent of Clare Hall Sanatorium in succession to Dr. A. C. Tabois, who retired in February, 1935. Dr. J. N. Roe, the deputy medical superintendent of Clare Hall Sanatorium, succeeded Dr. Simmonds as tuberculosis officer, and took up his duties on 30th September, 1935.

The work carried out at the Council's tuberculosis dispensaries is mainly consultative and advisory in character, and active treatment is not undertaken to any considerable extent. Provision has been made by the County Council, however, whereby certain specialized forms of out-patient treatment are given to tuberculous patients at voluntary hospitals or elsewhere, the County Council bearing the cost, subject in a few instances to a contribution from the patient or his relatives. Some particulars of this work may be summarized as follows :—

- (1) *Artificial Pneumothorax refills.*—During the year 276 patients made a total number of 3,358 attendances for the purpose of continuing artificial pneumothorax refills : of this number, 131 were dealt with at the County Sanatorium, Harefield, where they made in all 1,399 attendances.

- (2) *Sanocrysin*.—Fifteen patients attended voluntary hospitals in London, at the cost of the County Council, for sanocrysin injections. They made a total of 218 attendances.
- (3) *Light Treatment*.—Twenty-four patients, most of them suffering from lupus, received treatment by Finsen or other forms of light at certain voluntary hospitals in London, making a total of 1,966 attendances.
- (4) *After-care of Surgical Cases*.—Children discharged from Heatherwood Hospital, Ascot, are kept under supervision by an orthopædic surgeon from the Hospital, at the London County Hall, Westminster, where minor manipulative treatment is given and surgical appliances are adjusted or renewed. During the year, 48 patients were supervised in this way and made 154 attendances.

Statistical information of the work of the County dispensaries appears on pages 71–78.

No action was taken by the County Council during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from pulmonary tuberculosis employed in the milk trade), or under section 62 of the Public Health Act, 1925 (relating to the compulsory removal to hospitals of persons suffering from tuberculosis).

(b) *Institutional Accommodation.*

The County Council possesses two sanatoria having some 500 beds for the treatment of pulmonary tuberculosis, and this number will shortly be increased when the new sanatorium, in course of erection at Harefield, comes into use. Pulmonary cases in excess of this number, and persons suffering from non-pulmonary tuberculosis, are maintained in sanatoria and hospitals situated in various parts of England and belonging to other local authorities or voluntary organisations.

The following statement shows the total number of beds belonging to, or reserved for the sole use of, the Council at the close of 1935 :—

Institution.	Accommodation.			Type of case.
	Adults.		Children.	
	M.	F.		
County Sanatorium, Harefield* {	117	130	56	Pulmonary—sanatorium.
	4		8	Pulmonary—observation.
County Sanatorium, Clare Hall, South Mimms	120	66	—	Pulmonary—late sanatorium and hospital.
Heatherwood Hospital, Ascot ..	—	—	25	Non-pulmonary.
Victoria Home, Margate	—	—	6	Non-pulmonary.

*The approved accommodation at Harefield in the blocks reserved for the treatment of adults is 129 males and 129 females. On account of the building operations these numbers had to be modified, from the middle of April 1935, to those shown in the table.

Other Institutions at which Patients have been maintained during 1935.

- Sanatoria*.—Brompton Hospital Sanatorium, Frimley ; Cotswold, Gloucester ; Daneswood, Woburn Sands ; Eversfield, St. Leonards ; Fairlight, Hastings ; Grosvenor, Ashford, Kent ; Hawthorndene, Bonchurch, I.W. ; Holy Cross, Haslemere ; Ipswich (County Borough) ; Kelling, Holt, Norfolk ; King Edward VII, Midhurst ; King George V, Godalming (L.C.C.) ; King George's, Liphook ; Marillac, Warley, Essex ; Merivale, Sandon, nr. Chelmsford ; Milford (Surrey C.C.) ; Mundesley, Norfolk ; National, Benenden ; Old Manor House, Broadstairs ; Pinewood, Wokingham (L.C.C.) ; Prior Place, Camberley, Surrey ; Royal National, Bournemouth ; Royal National, Ventnor ; Tehidy (Cornwall C.C.).
- Hospitals*.—St. Barnabas', Torquay ; Colindale, Hendon (L.C.C.) ; Creton, Northampton ; Prince of Wales's, Tottenham ; City of London, Victoria Park ; National Temperance ; Brompton ; Royal Chest ; St. Bartholomew's ; St. Mary's ; St. Thomas's ; University College ; and the London County Council's general hospitals, Archway ; Dulwich ; Lambeth ; St. Luke's.
- Colonies*.—British Legion Village, Preston Hall, Aylesford ; Burrow Hill, Frimley ; Papworth Village Settlement, Papworth Hall, Cambridge.
- Homes for very advanced cases*.—St. Columba's, Swiss Cottage ; St. Joseph's Hospice, Hackney.

Pulmonary—
various types.

Hospitals.—All Saints', Eastbourne; Atkinson Morley, Wimbledon; Hendon Cottage; Holy Cross, Broadstairs; Royal, Richmond; Royal National Orthopædic, London, and Country Branch, Stanmore; Royal Sea-Bathing, Margate; St. Anthony's, Cheam; St. Vincent's Orthopædic, Pinner; St. Luke's, Lowestoft (L.C.C.); Schiff Home, Cobham, Surrey; Tait Home, Broadstairs; Wingfield Orthopædic, Oxford; and Prince of Wales's, Tottenham; St. Mary's and University College, London.

Non-pulmonary—adults.

Alfred Yarrow Home, Broadstairs; Atkinson Morley, Wimbledon; Heritage Craft Schools, Chailey; Holy Cross, Broadstairs; Holy Cross, Ramsgate; Lord Mayor Treloar Cripples', Alton; Royal, Richmond; Royal National Orthopædic, London and Country Branch, Stanmore; Royal Sea-Bathing, Margate; St. Michael's Orthopædic, Clacton; St. Nicholas and St. Martin's Orthopædic, Pyrford; St. Vincent's, Pinner; Wingfield Orthopædic, Oxford; Hendon Cottage; Prince of Wales's, Tottenham; Cheyne, St. Mary's and University College, London.

Non-pulmonary—children.

THE COUNTY SANATORIUM, HAREFIELD.

During the whole of the year the work of building the new sanatorium at Harefield was actively pursued. The disused staff-quarters were adapted to serve as temporary wards during the building operations, patients from B and C blocks were transferred to these temporary quarters and B and C blocks were then demolished to clear the site for the erection of the main three-storey building of the new sanatorium. Progress was well maintained and, by the close of the year, all the buildings of the new sanatorium had been erected, roofing was practically complete and the interior work in many parts was well in hand.

The following summary of the year's work at the County Sanatorium, Harefield, has been prepared by Dr. J. R. McGregor, Medical Superintendent:—

Admissions, Discharges and Deaths.

	In the Sanatorium on 31st Dec. 1934	Admitted During the Year	Discharged During the Year	Deaths	Remaining in the Sanatorium on 31st Dec. 1935.
<i>Treatment.</i>					
Adults					
Male	126	324	298	41	111
Female	124	253	198	53	126
Children					
Male	16	51	43	3	21
Female	25	44	42	3	24
	291	672	581	100	282
<i>Observation.</i>					
Adults					
Male	—	41	37	—	4
Female	—	29	29	—	—
Children					
Male	1	49	48	—	2
Female	3	28	31	—	—
Totals	295	819	726	100	288

Condition of Patients discharged during 1935 after Treatment.

Stage of disease on Admission.	Number Discharged.	Condition on Discharge.			
		Quiescent.	Improved.	No Material Improvement	Died.
CLASS T.B. MINUS—		Per Cent.	Per Cent.	Per Cent.	Per Cent.
Males	71	7·0	80·3	5·6	7·04
Females	58	3·5	84·5	10·3	1·72
Children	73	26·0	65·8	6·8	1·4
Total.. .. .	202	12·6	76·2	7·4	3·5
CLASS T.B. PLUS—					
Group I—					
Males	28	7·1	78·6	14·3	—
Females	10	—	70·0	30·0	—
Children	2	—	100·0	—	—
Total.. .. .	40	5·0	77·5	17·5	—
CLASS T.B. PLUS—					
Group II—					
Males	156	—	89·7	9·6	0·6
Females	86	1·2	77·9	20·9	—
Children	6	—	100·0	—	—
Total.. .. .	248	0·4	85·9	13·3	0·4
CLASS T.B. PLUS—					
Group III—					
Males	84	—	22·6	35·7	41·7
Females	97	—	19·6	26·8	53·6
Children	9	—	33·3	11·1	55·6
Total.. .. .	190	—	21·6	30·0	48·4

The classification and terms used are those of the Ministry of Health. See explanatory notes on page 70.

Observation Ward (Adults).—Of the 70 adults admitted for observation during the year, 13 males and 16 females were found to have definite evidence of pulmonary tuberculosis.

The findings in the remaining 41 observation cases were :—

No evidence of disease	34
Emphysema, myocardial degeneration	1
Past pleurisy, morbus cordis with circulatory failure	1
Hyperpiesis	2
Old pleurisy, not tuberculous	1
Chronic interstitial nephritis, bronchitis and emphysema	1
Spontaneous pneumothorax at right apex, without evidence of tuberculosis	1

Observation Ward (Children).—Of the 77 children admitted for observation during the year 45 were found to have definite evidence of pulmonary tuberculosis and were transferred to the treatment wards. Thirty-one were found to have no evidence of disease and were discharged, and one was removed by its parents before a diagnosis could be made. Diagnosis was made by clinical, radiological and pathological examinations.

X-ray Department.—During the year approximately 1,250 X-ray photographs were taken, and in addition numerous screen examinations were made.

Artificial Pneumothorax.—During the year 131 out-patients made 1,399 attendances for the purpose of having artificial pneumothorax refills. Usually out-patients attend in the morning and return home the same day, except in a few cases where it is considered advisable for them to rest

in the institution over night. In a number of cases refills are given on Saturday afternoons and on Sunday, as the patients are working and it is not convenient for them to attend during the week.

The 131 out-patients who attended for artificial pneumothorax refills during the year may be classified as follows :—

Treatment completed and patient discharged	..	..	..	..	7
Re-admitted to wards for further treatment	..	..	..	..	5
Admitted to colony	..	..	..	..	1
Transferred to other hospitals for refills as out-patients	..	..	..	..	4
Left the county before completion of treatment	..	..	..	..	9
Treatment abandoned	..	..	..	..	4
Treatment postponed owing to development of effusion	..	..	..	..	3
Still attending at close of year	..	..	..	..	98
					131

Of the total number of patients discharged from the wards during the year, thirty had an artificial pneumothorax induced during their stay here. Two of these left the county after discharge and the remainder continued the treatment as out-patients. Seven patients who had received this treatment were transferred to chest hospitals to have adhesions cauterised or for phrenic evulsion, whilst two others in whose case artificial pneumothorax had been unsuccessful were transferred to chest hospitals with a view to thoracoplasty, and one patient with a bilateral artificial pneumothorax who had also been treated with an autogenous vaccine and Sanocrysin, but whose condition continued to deteriorate, was transferred with a view to surgical treatment. In fourteen other cases an artificial pneumothorax was induced, but the treatment was abandoned as the results were not satisfactory.

Remarks.—Treatment by Sanocrysin has again been given in a number of cases with satisfactory results generally. Eighteen patients were discharged during the year who had had this treatment, all much improved.

During the year five cases were transferred to Preston Hall or Papworth Colony for occupational training, and three boys were transferred to Burrow Hill Colony.

One woman, who had been a patient in the sanatorium for six years and whose chest condition had become quiescent, was transferred to Creaton Sanatorium, Northampton, for orthopaedic treatment for tuberculous disease of the spine.

One patient developed acute appendicitis and was transferred to Hillingdon County Hospital.

During the year an outbreak of scarlet fever occurred in the children's ward, and over a period of three months seven mild cases were transferred to Willesden Municipal Hospital. One of these children was receiving artificial pneumothorax treatment and by the courtesy of Dr. Troup, the Medical Superintendent, a medical officer from the sanatorium was permitted to attend the hospital to give the refills.

Dental Treatment.—The sanatorium is visited weekly by Mr. S. J. Smith, L.D.S., the Council's Senior Dental Officer, who sees any patients who may be referred to him by the medical staff and undertakes any necessary dental treatment. The following table indicates the extent of this work at Harefield Sanatorium during 1935 :—

Number of patients treated.	Number of attendances made by patients.	Extractions.		Fillings.	Other treatment.	Number of dentures completed.
		Under local anæsthetic.	Under gas.			
257	529	590	14	112	196	20

Nurses' Training School.—The sanatorium is approved by the General Nursing Council as a training school for the State Preliminary Examination. During 1935, six probationer nurses passed this examination and five of these were transferred to the Council's general hospitals for general training. Three nurses were successful in obtaining the certificate of the Tuberculosis Nurses Association.

Farm and Garden.—The value of the produce from the garden, poultry farm, piggeries and grounds supplied to the sanatorium during the year amounted to £2,505 15s. 3d., and in addition produce to the value of £362 5s. 8d. was sold,

THE COUNTY SANATORIUM, CLARE HALL.

The following report upon the work carried out at Clare Hall during the year 1935 has been compiled by Dr. F. A. H. Simmonds, the Medical Superintendent.

Admissions, Discharges and Deaths.

	In Sanatorium 31st Dec., 1934.	Admissions.	Discharges.	Deaths.	In Sanatorium 31st Dec., 1935.
Male	118	224	142	84	120
Female	64	104	59	45	64
Totals	182	328	201	129	184

The division of patients into "hospital" and "sanatorium" groups has been abandoned, as no significant difference is now apparent and the terms were often found to be misleading.

No. of beds available	186
Average number of occupied beds	182
Average length of stay	203·9 days.
Proportion of bed cases	68 per cent.

The proportion of bed cases in the winter months approximated to 80 per cent.

Condition on admission.

Early	11 = 3·3 per cent.
Intermediate	28 = 8·5 "
Advanced	288 = 87·8 "
Not tuberculous	1 = 0·3 "
Total	328

Condition on discharge.

Very much improved	6
Much improved	40
Some improvement	89
In statu quo	30
Worse	21
Took own discharge	15
Died	129
Total	330

Mortality.—There were 129 deaths during the year, a case mortality of 39·3 per cent. Of these deaths, 24 occurred within 28 days of admission. All these figures are closely comparable with those of the last few years.

Treatment.—The above figures indicate sufficiently clearly that the Sanatorium continues to receive and treat a very high proportion of patients who are very ill, in advanced stages of the disease. Such patients demand much more nursing than those in a less advanced stage, although it is becoming increasingly recognised that rest in bed for long periods is necessary for the earlier and slighter cases. Adequate rest for them can result in complete cure, while in later stages only improvement can be hoped for.

Even among the advanced cases, active therapy can sometimes be attempted, and indeed must be undertaken if a drastic change is to be produced in the outlook. For accurate diagnosis, and the control of active treatment, therefore, the installation of an adequate X-ray plant in a suitable accommodation is anxiously awaited, together with other rooms for treatment, all of which it is hoped will be provided during 1936. In the absence of these facilities, without which work in a sanatorium is severely handicapped, arrangements for the taking of X-ray films were made at the end of the year in co-operation with the county hospitals, and in particular North Middlesex County Hospital. It, therefore, became possible in some of the more urgent cases, to make a beginning with active treatment, and artificial pneumothorax was begun in several cases; and one patient was transferred to a chest hospital for thoracoplasty.

Sanocrysin was employed with varying success in a number of cases with careful selection of the patient and control by X-rays. Blood sedimentation tests, and tests of renal function are carried out in order that the best result may be obtained. No serious complications occurred with the treatment. Sanocrysin, with other gold preparations, appears to have a small, though valuable, place in the treatment of pulmonary tuberculosis.

Dental Treatment.—The sanatorium is visited each week by the Council's Senior Dental Officer, Mr. S. J. Smith, L.D.S., who carries out any necessary dental work at a well-equipped clinic on the premises.

The following table summarizes the dental work undertaken at Clare Hall during 1935 :—

Number of patients treated.	Number of attendances made by patients.	Extractions.		Fillings.	Other treatment.	Number of dentures completed.
		Under local anæsthetic.	Under gas.			
228	404	474	—	51	160	11

Pathological Department.—During the year a new mortuary has been built and opened; the building contains a good post-mortem examination room, and has been in use since September.

Number of post-mortem examinations performed 40

Number of sputum examinations (estimated) 1,200

Medical Staff.—Dr. J. T. Nicol Roe acted as Medical Superintendent until September 1st, when he left to take up work as one of the Council's tuberculosis officers. He had been Deputy Medical Superintendent for six years, and his work here was highly appreciated by patients and by the staff.

Dr. I. G. McIntyre commenced duty on March 22nd, as Assistant Medical Officer.

Nurses' Training School.—The following are the results of the examinations :—

State Preliminary Examination.

Entered	..	..	..	..	..	..	..	..	..	10
Passed	..	..	..	..	..	..	..	..	..	7

Tuberculosis Association Examination.

							Part 1.	Part 2.
Entered	..	..	..	..	..	..	5	10
Passed	..	..	..	..	..	..	3	10

Ten nurses, therefore, obtained the Certificate of the Tuberculosis Association. Of the seven nurses who passed the State Preliminary Examination, six were transferred to the Council's general hospitals for the completion of their general training.

Buildings.—The following additions have been made to the buildings during 1935 :—Improved separate quarters for the medical officers were provided by alterations to Clare Hall mansion. Certain extensions and additions in the nurses' home were made, and adequate common rooms, dining rooms and class rooms, are now available for the female staff; the kitchen was enlarged and fitted with modern electrical cooking apparatus. A new mortuary was completed and came into use in September; it contains a waiting room, chapel, cold room, and a post-mortem room. A new house and pumping machinery were erected for the sewage ejector plant.

Farm.—The patients continue to benefit by fresh vegetables, fruit, and flowers from our own farm. During the year the pig farm was closed down and the last of the pigs were sold, chiefly owing to the dilapidation of the buildings in which the pigs were housed, and the need of the farm for the extra land.

STATISTICAL SURVEY OF THE WORK CARRIED OUT DURING 1935 UNDER THE COUNTY
TUBERCULOSIS SCHEME.

The tables appearing on the pages which follow are those prescribed by the Ministry of Health for the purpose of the annual statistical returns of the authority. These returns present in numerical form a very complete picture of the scope and amount of work carried out in connection with the County Council's scheme for the prevention and treatment of tuberculosis.

Tables A and B refer to the work of the dispensaries ; tables C, D and E relate to the amount of accommodation available and the extent of treatment afforded ; table F gives information as to the results of observation of doubtful cases, and table G the immediate results of treatment of definitely tuberculous persons. Table H aims at exhibiting statistically the after-history and ultimate fate of all tuberculous persons who have come under public medical treatment.

In order to appreciate the information contained in these tables, it is necessary to have in mind the precise meaning of the terms occurring therein, many of which are used in a special sense. Information on this matter is given below.

DEFINITIONS AND CLASSIFICATION.—Patients diagnosed as suffering from pulmonary tuberculosis are placed in the following categories :—

Class T.B. minus, viz., cases in which tubercle bacilli have never been demonstrated in the sputum ; and

Class T.B. plus, viz., cases in which tubercle bacilli have at any time been found. It should be noted that a patient originally in *Class T.B. minus* must be transferred to *Class T.B. plus* at any stage in the course of treatment if and when tubercle bacilli are found ; while, on the other hand, a patient who is once placed in *Class T.B. plus* can never revert to *Class T.B. minus*. *Class T.B. plus* is further subdivided into three groups as follows :—

Group I.—Cases with slight constitutional disturbance, if any, *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—Either present in one lobe only and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front, or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy does not exclude a case from this group.

Group III.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery.

All cases with grave complications, whether tuberculous or not, are classified in this group, *e.g.*, diabetes, tuberculosis of larynx or intestine, &c.

Group II.—All cases which cannot be placed in Groups I and III.

Patients suffering from non-pulmonary tuberculosis are classified according to the site of the lesion as follows :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (*i.e.*, tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions are classified in one sub-group only, viz., in that applicable to the case which stands highest in the table.

Observation Cases.—Persons attending at, or in connection with, the dispensaries, in whose cases the tuberculosis officer cannot, within a period of one month from his first examination of the case, come to a definite diagnosis after physical examination and the application of the necessary tests. (These cases appear on Table A, under sections A (b) and B (b).)

Quiescent.—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

Arrested.—In pulmonary cases the term “arrested” is applied only to cases which have been “quiescent” for a period of at least two years.

In non-pulmonary cases the term “arrested” is used as soon as there is reason to believe that the disease is unlikely to recur.

Recovered.—No patient is deemed to be “recovered” until in the case of pulmonary tuberculosis, five years, and, in the case of non-pulmonary tuberculosis, three years, have elapsed without any symptoms of active disease (*i.e.*, arrest has been maintained for three years).

TABLE A.

Return showing the work of the Dispensaries during the Year 1935.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.— <i>New Cases</i> examined during the year (excloding contacts):—														
(a) Definitely tuberculous ...	633	567	28	25	53	48	52	43	686	615	80	68	1,449	
* (b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	12	4	4	5	25	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	542	578	186	154	1,460	
B.— <i>Contacts</i> examined during the year:—														
(a) Definitely tuberculous ...	32	40	14	8	—	1	3	2	32	41	17	10	100	
* (b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	1	1	2	1	5	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	146	287	262	276	971	
C.— <i>Cases</i> written off the Dispensary Registers as:—														
(a) Recovered ...	92	66	8	7	12	23	40	31	104	89	48	38	279	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Registers as tuberculous)	—	—	—	—	—	—	—	—	695	870	453	437	2,455	
D.— <i>Number of Cases</i> on Dispensary Registers on 31st December:—														
(a) Definitely tuberculous ...	2,151	1,731	152	131	185	195	220	192	2,336	1,926	372	323	4,957	
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	13	5	6	6	30	
1. Number of cases on Dispensary Registers on 1st January ...				4,816	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...				394					
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...				735	4. Cases written off during the year as Dead (all causes) ...				764					
5. Number of attendances at the Dispensaries (including Contacts) ...				14,761	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...				55					
7. Number of consultations with medical practitioners:— (a) Personal ... (b) Other ...				345 4,358	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...				1,607					
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...				14,880	10. Number of:— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work ...				1,912 1,015					
11. Number of "Recovered" cases restored to Dispensary Registers and included in A (a) and A (b) above ...				9	12. Number of "T.B. plus" cases on Dispensary Registers on 31st December ...				2,834					

TABLE B.

Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council ...	13
Provided by Voluntary Bodies ...	Nil

* i.e., remaining undiagnosed on 31st December.

TABLE C.
Number of Beds available for the treatment of Tuberculosis on 31st December in Institutions belonging to the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15.	Adults.	Children under 15.	
County Sanatorium, Harefield	262	64	—	—	326
County Sanatorium, Clare Hall	186	—	—	—	186
<i>Poor Law Institutions.</i>					
North Middlesex County Hospital ..	32	1	5	2	40*
Central Middlesex County Hospital ..	8	—	2	—	10
Redhill County Hospital	1	1	—	2	4
Redhill Institution	8	—	—	—	8
Hillingdon County Hospital	6	—	1	1	8
Hillingdon Institution	1	—	—	—	1
West Middlesex County Hospital ..	29	—	3	—	32

* 20 balcony beds (in addition to above) available in good weather only.

TABLE D—(a).
Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

	In Institu- tions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Insti- tutions. (4)	In Institu- tions on Dec. 31st. (5)
(a) Number of doubtfully tuberculous cases admitted for observation—					
Adults—					
Males	—	44	40	—	4
Females	1	31	32	—	—
Children	4	81	82	—	3
Total	5	156	154	—	7
(b) Number of patients suffering from pulmonary tuberculosis—					
Adults—					
Males	349	773	581	140	401
Females	277	575	448	95	309
Children	35	89	66	5	53
Total	661	1,437	1,095	240	763
(c) Number of patients suffering from non-pulmonary tuberculosis—					
Adults—					
Males	59	46	44	4	57
Females	56	70	65	3	58
Children	118	98	92	7	117
Total	233	214	201	14	232
GRAND TOTAL ((a), (b) and (c))..	899	1,807	1,450	254	1002

TABLE D—(b).

Return showing the number of patients admitted for periods of one to three nights for artificial pneumothorax refills.

—					Total number of individual patients treated during the year 1935.	Number of admissions during the year.	Number of discharges during the year.
Adults—							
Males .. .. .	..	..	..	..	2	2	2
Females .. .. .	..	..	..	..	1	1	1
Children .. .. .	..	..	..	..	—	—	—
Total .. .. .	..	..	..	..	3	3	3

TABLE E.

Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

—					In Institutions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st. (5)
Number of patients suffering from pulmonary tuberculosis—									
Adults—									
Males .. .. .	..	..	..	..	51	359	225	150	35
Females .. .. .	..	..	..	..	35	322	198	107	52
Children .. .. .	..	..	..	..	2	22	19	3	2
Total .. .. .	..	..	..	..	88	703	442	260	89
Number of patients suffering from non-pulmonary tuberculosis—									
Adults—									
Males .. .. .	..	..	..	..	4	57	39	17	5
Females .. .. .	..	..	..	..	3	61	41	16	7
Children .. .. .	..	..	..	..	11	55	36	25	5
Total .. .. .	..	..	..	..	18	173	116	58	17
GRAND TOTAL .. .. .	..	..	..	..	106	876	558	318	106

TABLE F.

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	8	14	39	2	2	6	—	—	—	—	—	—	10	16	45
Non-tuberculous.. ..	29	13	26	1	—	5	—	—	2	—	2	4	30	15	37
Doubtful	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
TOTALS	37	28	65	3	2	11	—	—	2	—	2	4	40	32	82

TABLE G.

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.												GRAND TOTALS.			
		Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.						
		M.		Ch.	M.		F.	Ch.	M.		F.	Ch.	M.		F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus	Quiescent	27	18	9	44	41	20	6	11	9	—	77	72	43	192	
		Not quiescent	12	13	7	16	19	6	4	8	1	—	32	43	14	89	
		Died in Institution *	3	1	—	3	1	—	—	—	—	—	6	3	—	9	
	Class T.B. plus, Group I ..	Quiescent	12	7	—	34	15	—	13	14	—	1	60	36	—	96	
		Not quiescent	24	14	1	66	36	—	29	25	1	10	129	83	3	215	
		Died in Institution	7	4	—	3	8	—	4	4	—	4	18	19	—	37	
	Class T.B. plus, Group II	Quiescent	9	4	—	21	10	—	11	15	—	2	43	32	—	75	
		Not quiescent	20	30	—	89	54	1	30	23	—	20	159	121	1	281	
		Died in Institution	13	13	1	17	10	—	18	12	—	8	56	43	3	102	
	Class T.B. plus, Group III	Quiescent	1	1	—	3	—	—	—	—	2	—	4	1	2	7	
		Not quiescent	13	11	—	23	17	—	15	8	1	1	52	40	1	93	
		Died in Institution	15	6	1	13	7	—	4	6	1	5	37	23	2	62	
TOTALS (pulmonary)		156	122	19	332	218	27	134	126	15	51	673	516	69	1,258		
NON-PULMONARY TUBERCULOSIS.	Bones and Joints	Quiescent	1	—	—	2	1	4	1	3	4	12	16	13	22	51	
		Not quiescent	1	1	3	—	1	4	1	3	6	6	8	7	17	32	
		Died in Institution	—	—	2	—	1	—	1	2	3	2	3	3	7	13	
	Abdominal	Quiescent	—	1	—	—	3	4	—	—	3	3	2	8	10	20	
		Not quiescent	2	3	1	—	3	—	1	1	—	—	3	10	2	15	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs	Quiescent	2	1	—	3	1	—	—	4	—	1	6	6	—	12	
		Not quiescent	1	—	—	1	1	—	1	3	—	—	3	4	—	7	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peripheral glands	Quiescent	—	—	3	—	2	11	—	2	8	—	—	4	32	36	
		Not quiescent	1	—	2	—	3	—	—	1	1	—	1	5	5	11	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS (non-pulmonary)		8	6	11	6	16	23	5	22	25	23	42	60	95	197		

* Class T.B. Minus—Died in Institution.
Particulars of the nine cases coming within this category are as follows:—
Sputum negative on one occasion.
Cause of death—pulmonary tuberculosis
tuberculous testis and tuberculous meningitis
Sputum negative on more than one occasion.
Cause of death—pulmonary tuberculosis

No sputum available.
Cause of death—advanced tuberculosis of ribs ...
Total ...

3
2
3

TABLE H (b).—NON-PULMONARY TUBERCULOSIS.

Annual Return showing in summary form (a) the condition at the end of 1935 of all patients remaining on the Dispensary Registers; and (b) the reasons for the removal of all cases written off the Registers.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.					1926.					1927.					1928.					1929.					1930.					1931.					1932.					1933.					1934.					1935.				
	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Charges.	Peripheral Glands.	Total.										
(a) Remaining on Dispensary Registers on 31st Dec.																																																							
Disease Arrested—																																																							
Adults—																																																							
Males	3	—	1	1	5	1	—	—	—	1	1	—	—	—	1	1	1	1	—	3	3	—	2	2	7	9	—	—	—	9	6	—	—	2	8	4	1	3	1	9	2	2	3	2	9	2	1	—	2	5	1	—	2	—	3
Females	3	—	2	—	5	—	—	1	—	1	1	—	—	—	1	—	1	1	—	2	1	—	—	1	2	—	—	—	2	6	2	1	4	13	6	6	3	2	17	1	4	—	1	6	2	3	—	5	—	1	—	—	1		
Children	12	—	3	2	17	4	—	—	2	6	10	1	—	3	14	8	—	—	2	10	13	2	2	1	18	13	2	1	7	23	15	5	3	9	32	10	5	1	17	33	7	5	1	15	28	1	3	—	5	9	—	1	—	2	3
Disease not Arrested—																																																							
Adults—																																																							
Males	3	—	—	—	3	—	—	—	—	—	—	—	1	—	1	4	—	—	—	4	1	—	2	—	3	4	1	—	—	5	4	—	2	—	6	7	2	3	2	14	12	1	5	2	20	13	8	3	1	25	20	5	9	6	40
Females	2	—	3	—	5	—	—	—	—	2	2	2	—	—	4	1	—	2	—	3	—	—	4	—	1	1	2	1	4	—	7	4	—	1	5	11	—	7	4	22	10	5	3	1	19	19	5	6	8	38	9	12	11	8	40
Children	7	—	—	—	7	—	1	—	—	1	5	1	—	—	6	5	—	—	—	5	8	1	1	—	10	9	1	—	1	11	13	3	—	3	19	16	3	1	5	25	21	4	—	7	32	27	5	—	16	48	20	16	4	36	85
Condition not ascertained during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total on Dispensary Registers at 31st Dec.	30	—	9	3	42	7	1	1	2	11	19	4	1	3	27	19	2	4	2	27	26	3	7	4	40	39	5	5	8	57	48	10	7	18	83	54	17	18	31	120	53	21	12	28	114	64	25	9	32	140	59	35	26	52	172
Transferred to Pulmonary	4	1	2	4	11	3	—	—	1	4	—	1	3	2	6	1	—	—	3	4	3	—	1	1	5	2	—	—	2	4	—	—	—	—	—	2	—	—	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) Not now on Dispensary Registers and reasons for removal therefrom.																																																							
Discharged as Recovered—																																																							
Adults—																																																							
Males	62	12	17	18	109	6	2	3	—	11	7	1	4	1	13	7	—	1	—	8	4	1	1	1	7	5	2	2	1	10	3	5	—	2	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	30	14	7	21	72	9	5	2	4	20	6	—	2	3	11	12	4	3	4	23	4	7	—	4	15	7	3	2	2	14	3	2	2	—	7	2	1	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Children	157	49	31	122	359	19	6	3	17	45	14	15	4	22	55	17	8	—	23	48	17	4	1	19	41	9	5	1	19	34	3	4	2	22	31	1	3	—	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of, or otherwise removed from Dispensary Registers	223	39	62	83	407	48	16	14	35	113	44	17	18	16	95	38	6	9	22	75	52	21	13	25	111	49	22	15	28	114	45	9	17	31	102	36	15	19	19	89	25	11	10	17	63	9	6	13	18	40	3	6	4	5	18
Dead—																																																							
Adults—																																																							
Males	25	5	7	1	38	6	2	—	—	8	4	3	2	—	9	7	1	2	—	10	4	3	3	—	10	7	2	3	1	13	7	3	3	1	14	4	4	4	—	12	5	2	1	1	9	2	2	2	1	7	1	—	2	1	4
Females	15	4	3	1	23	5	1	—	—	6	6	1	—	—	7	6	1	2	—	9	5	2	1	—	8	—	2	1	1	4	4	1	1	1	7	3	3	1	2	9	4	4	2	—	10	3	1	1	—	5	—	2	—	—	2
Children	19	9	3	1	32	4	4	1	—	9	4	4	—	1	9	4	2	3	1	10	1	—	—	—	1	6	2	1	1	10	5	—	—	—	5	5	1	1	1	8	4	2	—	—	6	5	—	1	—	6	4	—	1	—	5
Total written off Dispensary Registers	531	132	130	247	1,040	97	36	23	56	212	85	41	30	43	199	91	22	20	50	183	87	38	19	49	193	83	38	25	53	199	70	24	25	57	176	51	27	25	28	131	38	19	13	18	88	19	9	17	19	64	8	8	7	6	29
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary)	561	132	139	250	1,082	104	37	24	58	223	104	45	31	46	226	110	24	24	52	210	113	41	26	53	233	122	43	30	61	256	118	34	32	75	259	105	44	43	59	251	91	40	25	46	202	83	34	26	51	194	67	43	33	58	201

(C 7878)T F 6

In the first column of Table H (a) on pages 75 and 76 are grouped those persons who first came under public medical treatment previous to 1926. By the end of 1935, therefore, every member of this group then living had been under observation for at least ten years, and the majority for considerably longer periods. The total number of pulmonary cases in the group under consideration is 5,535, but of these a large number, 1,627, have been lost sight of, either on account of their having left the County, or because they have signified they no longer desire public medical treatment, or for a variety of other reasons. Deducting this number, there remains a balance of 3,908 patients, the condition of whom was known at the end of 1935.

These may be analysed as follows :—

PULMONARY TUBERCULOSIS. Class.	Total number for whom record is available.	Discharged as Recovered.		Disease arrested.		Dead.		Disease not arrested.	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
T.B. minus ..	1,541	1,269	82·4	50	3·2	212	13·8	10	0·6
T.B. plus, Gp. I	788	323	41·0	40	5·2	374	47·4	51	6·4
T.B. plus, Gp. II	884	112	12·7	34	3·8	673	76·1	65	7·4
T.B. plus, Gp. III	695	14	2·0	2	0·3	668	96·1	11	1·6
All Classes ..	3,908	1,718	44·0	126	3·2	1,927	49·3	137	3·5

VENEREAL DISEASES.

For many years Middlesex has been a partner in a joint scheme with London and a number of surrounding counties and county boroughs for the provision of treatment for venereal diseases. The scheme is organised and administered by the London County Council on behalf of the members of the scheme, proposals being submitted each year by the London County Council for the consideration of the participating authorities; and consultations and conferences between the respective medical officers of health taking place from time to time. The scheme is based upon the voluntary hospitals of London, at a number of which clinics for the treatment of venereal disease have been established. The extent to which these hospitals were used by Middlesex patients seeking treatment for venereal disease during 1935 is shown in the table which appears on page 81.

The magnitude of the entire scheme may be estimated from the fact that the total number of new cases from all areas, dealt with at the clinics established at the various London hospitals, amounted during 1935 to 28,403 (an increase of 280 upon the figure for the previous year). Of this number of patients, 3,930 (a decrease of 249) were suffering from syphilis, 10,952 (a decrease of 768) from gonorrhoea, 350 (an increase of 185) from soft chancre, whilst 13,171 (an increase of 1,112) were found not to be suffering from venereal disease. The number of new cases of syphilis was the lowest recorded for any of the nineteen years the scheme has been in operation.

Fifteen Middlesex women, whose pregnancies were complicated by infective venereal disease, were admitted to hostels under the scheme and occupied beds for an aggregate of 1,779 days, or 6·2 per cent. of the total of all participating authorities.

The Prince of Wales's Hospital, Tottenham.—In addition to its provisions under the joint scheme, the Middlesex County Council has an agreement with the Governors of the Prince of Wales's General Hospital, Tottenham, under which the Hospital, in consideration of an annual payment by the County Council for a term of years, has built, equipped and staffed a very excellent self-contained clinic for the treatment of venereal disease. This clinic came into use in October, 1934, and replaced the previous arrangements, which had become unsatisfactory, whereby cases of venereal diseases were dealt with by the general staff of the hospital in a part of the general out-patient department. The year 1935, therefore, is the first complete year under the new regime and, as the development of the clinic has been extremely satisfactory and its work of considerable interest, the annual report of Dr. A. A. M. Reekie, the medical officer in charge, is set out below. A further alteration in the relations between the County Council and the Hospital was reached during the year when it was agreed that in future the County Council should pay to the Hospital an annual lump sum in respect of pathology services to the clinic, instead of making a payment for each specimen examined, as had been done previously.

REPORT OF DR. A. A. M. REEKIE, MEDICAL OFFICER IN CHARGE OF THE VENEREAL DISEASES CLINIC, PRINCE OF WALES'S HOSPITAL, TOTTENHAM.

Attendances.—The total number of attendances, male and female, for the year 1935 was 30,715 as compared with 14,604, for the year 1934, giving an increase of 16,111.

New Patients.					1933.		1934.		1935.	
					M.	F.	M.	F.	M.	F.
Jan.-Mar.	..	..	..	..	72	34	91	36	79	51
April-June	..	..	..	..	63	36	82	33	76	37
July-Sept.	..	..	..	..	81	28	125	38	94	33
Oct.-Dec.	..	..	..	..	73	27	113	46	76	41
Totals					414		564		487	

These figures show that there has been a decrease of 77 in the number of new patients for the year 1935 as compared with the year 1934, and that the decrease occurred in the number of new male patients attending the department. This is a factor outside our control and from the comparative table for the three years 1933, 1934, and 1935, it is seen that in the year 1934, and particularly in the second half of that year, an unusually large number of new male patients attended the department and that this increase was not maintained during the year 1935.

I mention that the increase for the second half of 1934 was unusually large, in that although the numbers of new patients in 1935 showed a decrease of 77 as compared with the year 1934, there is an increase of 73 in the year 1935 as compared with the year 1933.

The figures for the total attendances for the year 1935 are interesting in that they are the first available figures covering the first full-working year since the department was reorganised—and since the new building was taken over.

Transfers to Other Clinics.—1934, 7 ; 1935, 25 ; Increase, 18.

Transfers from Other Clinics.—1934, 27 ; 1935, 47 ; Increase, 20.

Pathological Work done in the Department.—Number of specimens examined—

					1934.	1935.
Smears	..	..	..	..	67	2,331
Dark ground examinations	..	..	..	..	4	43

The value of this work done in the department lies in the fact that routine tests of diagnosis, prognosis and tests of cure are very much speeded up, to the benefit of the patients concerned and to the efficiency of the department as a whole, and, of course, the economy of the procedure is evident. The work is carried out by the senior orderly and supervised by the medical officers. Previously, all specimens were sent to and examined in the hospital laboratory.

Aggregate Number of In-patient Days of Treatment.—1934, 201 ; 1935, 106.

I feel that I should emphasise the fact that there is a scarcity of beds available for the use of V.D. patients who require in-patient treatment in this district, and on many occasions I have been compelled to send potential in-patients to hospitals of other local authorities who provide such beds.

The provision of more beds opens up numerous questions such as provision of isolation or semi-isolation wards, provision of special nursing staff, male and female, etc., but it is a question which may well have to be taken up in the near future.

General remarks.—The comparatively large number of defaulters (127 in 1935, as compared with 124 in 1934) continues to cause anxiety, but little more can be done at present. A warning regarding regular attendance is issued to all patients on their first attendance, whilst defaulting letters are also sent out when indicated. The percentage of those returning, however, is comparatively small.

I am pleased to note that during the last year other institutions in the district, such as ante-natal clinics, school and child welfare clinics, etc., etc., are making more use of the facilities provided by the department. This is as it ought to be, and we should like them to know that we are always at their disposal.

Co-operation with the other departments of the Prince of Wales's General Hospital and with all other institutions with whom we are in contact, continues to be completely harmonious.

Payment of Travelling Expenses.—Travelling expenses are paid by the County Council to out-patients in necessitous circumstances, who otherwise might be unable to make the numerous attendances over long periods which are usually necessary if a cure is to be obtained. Information as to financial position is made by a patient to the hospital almoner who, confidentially, transmits a summary of the particulars to the County Medical Officer of Health. If approval is granted, the almoner advances the patient's fare on the occasion of each visit to the hospital and periodically claims repayment from the County Council. During 1935, a total of 141 individual patients were assisted in this way at a cost of £223 19s. 11.

Statement of Work done by individual Hospitals in connection with Middlesex Patients during 1935.

Hospital.	NEW CASES.					Total attendances.	No. of in-patient days.	Arsenobenzene compounds. Doses given.
	Syphilis.	Soft Chancre.	Gonorrhoea.	Conditions other than venereal.	Total.			
Gt. Ormond Street ..	7	—	3	114	124	612	452	151
Guy's	5	—	14	28	47	946	64	126
King's College ..	—	—	1	5	6	32	—	—
L.C.C. Clinic, White-chapel	4	—	12	10	26	2,026	53	112
Metropolitan	2	1	2	6	11	767	—	4
Royal Free	12	—	85	93	190	3,479	389	278
Royal Northern ..	44	2	178	102	326	22,716	41	766
St. George's	9	1	33	29	72	1,271	71	149
St. Mary's	65	—	167	130	362	14,337	384	1,201
St. Paul's	9	—	53	127	189	5,409	169	338
St. Thomas's	38	3	111	184	336	5,476	391	489
Seamen's	3	—	2	—	5	32	201	13
South London for Women	—	—	—	2	2	6	—	—
University College ..	20	—	39	27	86	3,877	183	473
West London	116	—	324	463	903	30,722	579	2,460
Westminster	5	—	9	3	17	2,014	—	165
Salvation Army Mothers Children's, Waddon ..	1	—	14	18	33	544	642	—
	—	—	5	—	5	—	927	—
Joint London Hospitals, Totals.. ..	340	7	1,052	1,341	2,740	94,266	4,546	6,725
*Prince of Wales's, Tottenham	70	2	205	127	404	26,770	81	1,526
GRAND TOTAL ..	410	9	1,257	1,468	3,144	121,036	4,627	8,251

* These figures do not include 84 new cases not residents of the County but treated at the hospital, the cost being borne by the Middlesex County Council under agreement with the hospital.

Comparative Statement for the Past Five Years.

Middlesex Patients treated at

	London Hospitals.					Prince of Wales's Hospital, Tottenham.*				
	1931.	1932.	1933.	1934.	1935.	1931.	1932.	1933.	1934.	1935.
Number of persons dealt with at the Clinics for the first time and found to be suffering from :—										
Syphilis	412	440	356	316	340	87	105	61	118	70
Soft chancre	5	13	7	4	7	2	2	6	—	2
Gonorrhœa	881	1,032	1,060	1,033	1,052	89	92	127	217	205
Conditions other than venereal	1,079	1,099	1,083	1,248	1,341	94	106	131	158	127
Totals	2,377	2,584	2,506	2,601	2,740	272	305	325	493	404
Total attendances	62,044	69,760	81,165	88,899	94,266	6,411	6,960	7,519	13,344	26,770
Number of "in-patient" days of treatment	3,618	2,778	3,271	3,210	4,546	175	315	214	132	81
Number of doses of arsenobenzene compounds given	5,565	6,091	6,710	6,170	6,725	613	818	672	1,700	1,526

* These figures do not include patients not residents of the County, but treated at the hospital, the cost being borne by the Middlesex County Council under the agreement with the hospital.

APPENDICES.

I.—Annual Report by Dr. Ivor Lewis, Medical Superintendent of North Middlesex County Hospital.

II.—Annual Report by Dr. J. N. Deacon, Medical Superintendent of Redhill County Hospital.

III.—Annual Report by Dr. H. Carter, Medical Superintendent of Central Middlesex County Hospital.

IV.—Annual Report by Dr. J. B. Cook, Medical Superintendent of West Middlesex County Hospital.

V.—Annual Report by Dr. W. A. Steel, Medical Superintendent of Hillingdon County Hospital.

VI.—Report of Delegation of the County Council on their visit to hospitals in France, Germany and Austria.

APPENDIX I.

ANNUAL REPORT ON THE WORK OF NORTH MIDDLESEX COUNTY HOSPITAL
DURING 1935, PREPARED BY THE MEDICAL SUPERINTENDENT.

Staff

(31st December, 1935).

WHOLE-TIME MEDICAL STAFF.

Medical Superintendent—

Ivor Lewis, M.D., M.S. (Lond.), D.P.H.

Deputy Medical Superintendent—

A. W. Gregorson, M.D. (Glas.), Ch.B., F.R.F.P.S.

Physician—

C. Allan Birch, M.D., M.R.C.P. (Lond.), D.P.H.

Asst. Pathologist—

H. Rogers, M.D., Ch.B.

Obstetrician—

K. A. Hudson, M.B., Ch.M., M.C.O.G.

Surgeons—

R. L. Galloway, M.B., Ch.B., F.R.C.S. (Edin.).

H. O. Blauvelt, M.D., C.M., F.R.C.S. (Eng.).

Assistant Medical Officers—

P. J. Nagle, M.B., B.Ch., B.A.O.

Miss E. A. Pennycuik, M.B., Ch.B.

Miss A. McCabe, M.D. (Dub.), M.R.C.P., D.P.H.

Miss M. A. Bromhall, M.B., Ch.B., D.M.R.E.

M. Coke, M.R.C.P. (Lond.), M.R.C.S.

Miss C. L. Taylor, M.B., Ch.B., D.P.H.

A. Burkhardt, M.B., B.S. (Lond.).

J. Beynon, M.B., B.S. (Lond.).

VISITING MEDICAL STAFF.

Laryngologists—

L. G. Brown, M.D., F.R.C.S.

F. D. Cairns, F.R.C.S.

Ophthalmic Surgeon—

Miss F. Ramsay, M.D., B.S., D.O.M.S.

Radio-therapist.

B. W. Windeyer, M.B., B.S., F.R.C.S. (Edin.).

Radiologists—

E. E. Holdsworth, M.B., Ch.B., D.M.R.E.

N. P. Henderson, M.B., Ch.B., D.M.R.E.

Electro-therapist.

P. Figdor Ashton, M.B., Ch.B.

Pathologist—

T. H. C. Benians, F.R.C.S. (Eng.).

Anæsthetists—

F. P. de Caux, L.R.C.P., M.R.C.S.

J. H. T. Challis, L.R.C.P., M.R.C.S.

Dental Surgeon—

G. E. Royston, L.D.S.

NURSING STAFF.

Matron—

Miss L. F. Dykes.

Administrative sisters	..	..	..	11
Departmental sisters	..	..	..	7
Ward and night sisters	..	..	..	33
Masseuses	..	..	..	8
Male nurses	..	..	..	16

Staff nurses	..	..	..	42
Staff-nurse-midwifery pupils	..	..	..	24
Probationer nurses	..	..	..	167
Mental nurses	..	..	..	12
Assistant nurses	..	..	..	26

Steward—

D. E. Bell.

Almoner—

Miss M. S. Coltart, B.A. (Oxon).

Chaplain—

Rev. H. C. Scott.

(C 7878)T G

Disease or Condition.	Males.			Females.			Infants.			Totals.
	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	
Diseases of the—										
Circulatory System—(contd.)										
Spontaneous cerebral hæmorrhage	2	—	3	—	—	2	—	1	—	8
Blood, spleen, lymphatics	25	—	2	40	2	4	63	—	1	137
Endocrine glands	3	1	2	11	—	1	—	1	—	19
Breast	—	—	—	27	—	—	1	—	—	28
Respiratory system—										
Laryngitis	1	—	—	8	1	—	2	—	—	12
Bronchitis, acute	22	4	2	22	—	4	115	2	1	172
" chronic	51	13	21	62	6	10	1	—	—	164
Bronchiectasis, asthma	5	1	5	20	—	—	2	1	—	34
Broncho-pneumonia	21	—	40	35	—	24	97	1	36	254
Lobar pneumonia	84	—	40	22	—	13	46	—	4	209
Lungs, other diseases of	10	1	4	9	2	3	3	—	2	34
Pleurisy and empyema	37	1	5	15	—	4	8	—	2	72
Digestive system—										
Teeth and gums	17	1	—	15	—	1	12	—	—	46
Lips, mouth, tongue	2	2	1	2	—	—	3	—	—	10
Tonsils	64	—	2	73	1	—	197	—	—	337
Salivary glands	2	—	—	1	—	1	—	—	—	4
Naso-pharynx and pharynx	5	—	1	5	—	2	5	—	—	18
Gastric ulcer (simple)	66	3	11	37	1	2	—	—	—	120
Perforated gastric ulcer	16	—	4	3	—	4	—	—	—	27
Duodenal ulcer (simple)	52	2	7	7	—	—	—	—	—	68
Perforated duodenal ulcer	19	—	12	4	—	—	—	—	—	35
Stomach and duodenum—other conditions	33	2	2	33	4	2	63	1	28	168
Appendicitis, acute	103	—	—	131	—	2	86	—	—	322
" " with local abscess	18	—	1	19	—	1	15	—	1	55
" " " peritonitis	1	—	—	3	—	—	2	—	—	6
" " " general peritonitis	15	—	9	8	—	5	17	—	1	55
" sub-acute or chronic	32	—	—	72	—	—	13	—	—	117
Intestinal obstruction—										
Constipation, Visceroptosis, Stasis, Colic	39	4	—	77	4	—	47	—	—	171
Adhesions	3	—	2	3	—	2	2	—	—	12
Band	2	—	—	4	—	1	—	—	—	7
Intussusception	—	—	—	—	—	—	—	—	1	5
Volvulus	1	—	2	1	—	1	—	—	—	5

Others	—	20	—	2	—	3	3	—	4	—	1	—	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—</
----------------	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	-----

Deaths within 24 hours of admission	250 = 14·39 per cent.
„ 24 to 48 „ „ „	126 = 7·26 „
„ 48 to 72 „ „ „	118 = 6·79 „
	<hr/>
	494
All other deaths	1,243 = 71·56 „
	<hr/>
Total	1,737 = 100·00 „
	<hr/>

The 250 deaths which occurred within 24 hours of admission may be classified as follows :—

Injuries	27
Terminal stage :—	
Acute diseases	108
Chronic diseases	78
Other deaths within 24 hours	37
	<hr/>
	250
	<hr/>

IV.—TABLE SHOWING WHITHER THE 13,416 PATIENTS WERE DISCHARGED.

(a) To own, relative's or friend's home	9,003
(b) To institution or children's home—M.C.C.	269
(c) To out-patients' department	1,900
(d) To convalescent home	108
(e) To general hospital—M.C.C.	19
(f) To hospital or institution—other authority	47
(g) To acute infectious disease hospital	53
(h) To mental hospital	227
(i) To sanatorium	53
(j) To voluntary hospital	—
(k) Died	1,737
	<hr/>
	13,416
	<hr/>

V.—AVERAGES DURING THE YEAR.

Beds, average daily number occupied	921·82
Patients per occupied bed, average number	14·55
Admissions, average daily number	36·98
Stay, average length in days per patient	25·08
Maximum number of beds occupied = 1,011 on 31st May.	
Minimum number of beds occupied = 808 on 1st September.	

Disease or Condition.	Males.			Females.			Infants.			Totals.
	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	
Births	—	—	—	—	—	—	1,280	—	119	1,399
Infants with mothers	—	—	—	—	—	—	4	13	—	17
No disease and unsubstantiated diagnosis..	79	106	—	111	88	—	38	26	—	448
Diseases caused by infection—										
Actinomycosis	—	—	—	—	—	1	—	—	—	1
Anthrax	1	—	—	—	—	—	—	—	—	1
Cerebro-spinal fever	—	—	1	—	—	—	1	—	1	3
Diphtheria	—	—	—	—	1	—	—	4	—	5
Erysipelas	1	—	—	—	—	1	1	2	—	5
Pertussis	—	—	—	—	—	—	2	1	—	3
Polio-myelitis, acute	—	—	—	—	—	—	5	—	1	6
Scarlet fever	—	—	—	—	6	—	—	2	—	8
Tetanus	—	—	1	—	—	—	—	—	—	1
Typhoid fever	1	4	1	—	8	—	—	1	—	15
Septicaemia, pyaemia, &c.	2	—	3	1	—	—	8	—	2	16
Influenza	11	—	—	49	1	—	2	—	—	63
Tuberculosis—pulmonary	48	32	54	28	36	35	4	6	—	243
” non-pulmonary	10	4	4	17	2	5	11	—	12	65
Rheumatism, chorea	31	1	3	43	3	7	70	1	3	162
Gonorrhoea	3	—	—	1	—	—	—	—	—	4
Syphilis	8	3	3	2	3	—	—	—	—	19
Diseases due to parasites	7	—	—	1	—	—	7	—	—	15
Diseases of the—										
Nervous system	52	34	15	51	24	10	25	2	4	217
Eye	13	4	—	10	2	—	23	1	—	53
Ear	14	2	1	36	—	4	136	1	2	196
Nose and accessory sinuses	20	—	7	27	—	—	16	—	—	70
Circulatory system—										
Endocarditis	1	—	6	5	1	5	—	—	1	19
Myocarditis	7	7	131	31	14	137	—	—	—	327
Valvular disease of the heart	11	—	14	26	5	14	—	1	—	71
Disordered action of the heart..	28	16	8	27	5	14	1	—	—	99
Heart, other diseases	4	—	2	4	1	7	3	2	2	25
Arterio-sclerosis	4	4	1	5	—	2	—	—	—	16
Cerebral thrombosis	16	14	82	26	15	80	—	—	—	233
Arteries, other diseases..	11	4	3	23	2	1	—	—	—	44
Varicose veins, phlebitis thrombosis ..	29	1	4	43	4	4	—	—	1	86
Capillaries	—	3	1	1	2	1	—	—	—	8

General Observations.

During the year the pressure of the work at the Hospital has continued to increase, entailing much congestion and premature discharge of patients. Hundreds of people have had to be sent home by ambulance in order to make room for the constant stream of urgent cases seeking admission. The daily average of admissions rose to the extraordinarily high figure of 36·98, as compared with 34·60 in 1934. The total admissions in the year were 12,116.

In October the new extension of 90 beds to the Nurses' Home was opened and the rooms are models of compactness and comfort. Three new lifts have also been installed replacing obsolete ones.

Several changes and important new appointments occurred on the staff. The County Council's scheme for improving the staffing of its general hospitals came into operation. Mr. R. L. Galloway, Mr. Kenneth Hudson and Dr. Allan Birch were appointed to the Grade I posts of Surgeon, Obstetrician and Physician respectively. A surgeon (Grade II) also was appointed—Mr. Hugh Blauvelt returning to take up this post. Earlier in the year Dr. Herbert Rogers was appointed to the newly-made post of whole-time assistant pathologist—also an innovation of the greatest value. Dr. E. B. Jackson was promoted Physician at Hillingdon Hospital and Mr. F. Foster resigned in January. Dr. John Beynon and Miss C. L. Taylor joined the staff as Assistant Medical Officers.

As a preliminary to the appropriation of the Hospital under the Local Government Act, 1929, planned for 1st April, 1936, an Almoner's department has been initiated. Miss M. S. Coltart, B.A. (Oxon), was appointed to the important post of Chief Almoner.

Another new departure was the opening of the new psychiatry clinic—the physician to which is Dr. McMenemy of Napsbury Mental Hospital. The clinic is already doing good work as a consultative and follow-up centre.

During the year considerable thought and labour has been given to the project for a new acute block of 600-800 beds at the North Middlesex. The Chairman of the Public Health Committee, the Chairman of the Northern Hospitals Committee together with the Chairmen of the other two Hospital Committees, the County Medical Officer, the County Architect and the Medical Superintendent, constituted a delegation which inspected and reported on important new hospitals in France, Austria and Germany. As the report of the delegation has been published, it is not necessary to do more than refer to it here. All the new hospitals of any size in Great Britain were also inspected.

Later in the year the Medical Superintendent made an extensive tour in the United States to inspect about thirty of the newer hospitals and to attend the American Surgical Congress at San Francisco. The opportunity was also taken of studying the many remarkable advances of American medicine and particularly the new branch of thoracic surgery. It was a rare privilege to visit the clinics of most of the leading thoracic surgeons. The visit was in every way of the greatest value and interest, and my cordial thanks are given to the Committee for kindly giving me extra leave to undertake it.

The Nurses' Training School again did excellent work, securing the very high average success of 95 per cent. in the State and C.M.B. examinations.

	<i>Entries.</i>	<i>Successes.</i>
State Examination, Preliminary	47	47
" Final	36	33
Central Midwives Board	49	45
County Nurses' Examination	36	34*

* One silver medal, fifteen with credit.

Statistical Tables for the Year ended 31st December, 1935.

	<i>Patients.</i>	<i>Staff.</i>
Remaining in hospital, 1st January, 1935	885	—
Admitted during the year	11,979	137
Born in hospital	1,380	—
	—————	—————
		14,381
Discharged	11,549	130
Died	1,736	1
Patients treated to a conclusion during the year ..	—————	—————
		13,416
Remaining in hospital 31st December, 1935	959	6
	—————	—————
		965

I.—TABLE SHOWING HOW THE PATIENTS TREATED TO A CONCLUSION DURING THE YEAR WERE
ORIGINALLY ADMITTED.

By order of Clerk, County Medical Officer, Director of Public Assistance, or Local Public Assistance Officer	15
By relieving officers' orders	6,205
By Medical Superintendent—	
Births	1,399
Police cases (other than accidents)	55
Accidents	854
Maternity cases (emergency)	154
Other urgent cases	4,444
Transfers from institution or home—M.C.C.	147
Transfers from hospital—M.C.C.	63
Transfers from hospital or institution—other authority	80
	<hr/> 13,416 <hr/>

II.—TABLE SHOWING THE DISTRICTS TO WHICH THE PATIENTS TREATED BELONGED.

Edmonton	3,618
Enfield	2,270
Finchley	217
Hornsey	1,285
Southgate	963
Tottenham	3,457
Wood Green	1,266
Other districts of Middlesex	193
Essex	55
Hertfordshire	79
Other counties	13
	<hr/> 13,416 <hr/>

III.—TABLE SHOWING THE RESULTS OF TREATMENT OR THE TERMINATION,
TOGETHER WITH ANALYSES OF DEATHS IN AGE AND OTHER GROUPS.

Relieved	10,223	76·2	per cent.
Unrelieved	1,456	10·85	„
Died	1,737	12·95	„
	<hr/> 13,416 <hr/>	<hr/> 100·00 <hr/>	„

Analysis of Deaths in Age Groups.

Ages.	Male.	Female.	Total.
Under 1 year	103	81	184
1- 2 years	8	9	17
2- 5 years	5	5	10
5-15 years	17	13	30
15-25 years	29	28	57
25-35 years	45	45	90
35-45 years	59	44	103
45-55 years	105	71	176
55-65 years	173	114	287
65-75 years	196	177	373
Over 75 years	197	213	410
	<hr/> 937 <hr/>	<hr/> 800 <hr/>	<hr/> 1,737 <hr/>

VII. DISEASES AND CONDITIONS TREATED TO A CONCLUSION.

(Groups arranged in order of frequency.)

				<i>Discharged.</i>	<i>Died.</i>	<i>Total.</i>
Pregnancy, parturition, puerperium	..	..		2,210	16	2,226
Diseases of the digestive system	..	..	..	1,970	156	2,126
Births	..	..	..	1,280	119	1,399
Injuries	..	..	..	945	73	1,018
Diseases of the respiratory system	..	..	..	731	220	951
Diseases of the circulatory system	..	..	..	410	526	936
Diseases of the nervous system	..	..	..	620	67	687
Tumours and cysts	..	..	..	423	257	680
Diseases caused by infection	..	..	..	482	138	620
Mental diseases	..	..	..	525	14	539
Diseases of the generative system	..	..	..	444	27	471
Diseases of areolar tissue and skin	..	..	..	329	10	339
Diseases of the organs of locomotion	..	..	..	304	12	316
Diseases of the urinary system	..	..	..	215	67	282
Diseases of blood, spleen and lymphatic system	..			130	7	137
Other 9 groups	..	..	..	661	28	689
				<hr/>	<hr/>	<hr/>
Totals	..	..	..	11,679	1,737	13,416
				<hr/>	<hr/>	<hr/>

Department of Surgery.

Analysis of Operations performed during the year.

Operations.	In-Patients.		Out-Patients.	Totals.
	Major.	Minor.	Minor.	
On skin and superficial structures	5	214	506	725
On arteries, veins and lymphatics	—	74	—	74
On nerves	—	2	—	2
On bones and joints	152	246	258	656
On muscles, tendons, bursæ and fasciæ	—	26	—	26
Amputations	24	10	7	41
On skull, brain and spine	13	—	—	13
On face	—	18	—	18
On eye	15	1	20	36
On mouth, pharynx and œsophagus	—	36	—	36
On ear, nose and throat	168	212	488	868
On thyroid, accessory glands and neck	13	26	—	39
On breast	20	27	—	47
On thorax and contents	25	16	—	41
On abdominal wall and cavity	317	14	—	331
On stomach and duodenum	89	—	—	89
On intestine, rectum and anus	512	104	—	616
On liver, gall bladder, pancreas and spleen	72	3	—	75
On kidney and urinary tract	74	146	—	220
On male generative organs	17	41	186	244
Obstetrical	138	420	—	558
On female generative organs	232	553	—	785
On infants in maternity dept.	1	19	—	20
Totals	1,887	2,208		
	4,095		1,465	5,560

On Skin and Superficial Structures (219).
This includes débridement of wounds, incision and drainage abscesses, skin grafts, &c.

Orthopædic Operations. (On Bones and Joints (432), on Muscles, Tendons, Bursæ and Fasciæ (26).)

On Abdominal Wall and Cavity (331) (abdominal sections, 113).
Herniotomy 204
Laparotomy 113
Others 14

On Stomach and Duodenum (89).
Gastrectomy, gastrostomy, &c. 13
For peptic ulcer 60
Gastro-enterostomy 16

On Intestines, Rectum and Anus (616) (abdominal sections, 511).
Appendicectomy without drainage 326
Appendicectomy with drainage 105
Drainage of appendix abscess 14
Anastomosis 19
Enterostomy/colostomy 32
Others 120

Details of 68 Stillbirths.

No. of Infants.	Method of Delivery.	Causation.	Mother.		Infant.		
			Primi-para.	Multi-para.	Full term.	Premature.	Post-mature.
34	Natural forces ...	Anencephalus ...	3	—	2	1	—
		Maternal eclampsia ...	—	3	—	3	—
		Intracranial hæmorrhage ...	1	1	—	2	—
		Maternal toxæmia ...	5	4	3	6	—
		Accidental hæmorrhage ...	—	5	1	4	—
		Premature death of one twin...	1	—	1	—	—
		Placenta prævia ...	1	2	1	2	—
		Prematurity ...	2	—	—	2	—
		Diabetes mellitus ...	—	1	—	1	—
		Asphyxia ...	—	1	1	—	—
		Unknown—premature death of foetus ...	1	1	—	2	—
13	Forceps ...	Unknown ...	—	2	1	1	—
		Asphyxia ...	6	1	5	1	1
		Eclampsia ...	—	1	—	1	—
		Toxæmia ...	1	—	—	1	—
		Hydrocephalus ...	1	—	1	—	—
		Prolapsed cord...	1	—	—	1	—
		Hæmo-peritoneum congenital liver defects ...	1	—	1	—	—
		Unknown ...	—	1	1	—	—
7	Leg traction ...	Placenta prævia ...	—	5	2	3	—
		Accidental hæmorrhage ...	—	2	—	2	—
4	Scalp traction ...	Accidental hæmorrhage ...	—	2	—	2	—
		Placenta prævia ...	—	1	—	1	—
		Asphyxia—primary inertia ...	1	—	1	—	—
1	Craniotomy ...	Obstructed labour ...	1	—	—	—	1
2	Perforation, and forceps	Obstructed labour ...	2	—	1	—	1
2	Perforation and natural forces	Hydrocephalus ...	1	1	1	1	—
1	Cæsarean hysterectomy	Incomplete spontaneous rupture of uterus ...	—	1	—	1	—
2	Internal version and manual	Accidental hæmorrhage ...	1	—	—	1	—
		Asphyxia ...	—	1	1	—	—
2	Manual delivery of breech	Placenta prævia ...	—	1	—	1	—
		Intracranial hæmorrhage ...	1	—	—	1	—
			31	37	24	41	3
			68		68		

Summary of Cause of Stillbirths.

Foetal—							Per cent.	
Anencephaly	..	..	..	..	..	..	3	
Hydrocephalus	..	..	..	..	..	..	3	
Premature death of one twin	..	..	..	..	..	..	1	
Congenital liver defects and hæmoperitoneum	..	..	..	..	..	..	1	
							—	8 11·7
Maternal—								
Eclampsia	..	..	..	..	..	..	4	
Toxæmia	..	..	..	..	..	..	10	
Accidental hæmorrhage	..	..	..	..	..	..	10	
Placenta prævia	..	..	..	..	..	..	10	
Prematurity	..	..	..	..	..	..	2	
Diabetes	..	..	..	..	..	..	1	
Incomplete spontaneous rupture of uterus	..	..	..	..	..	..	1	
							—	38 55·8
Labour—								
Intracranial hæmorrhage	..	..	..	..	..	..	3	
Asphyxia	..	..	..	..	..	..	10	
Obstructed labour	..	..	..	..	..	..	3	
Prolapse cord	..	..	..	..	..	..	1	
Unknown	..	..	..	..	..	..	5	
							—	22 32·5
Total	..	..	..	..	..	..	68	

Induction of Labour.

Medical inductions	261
Medical induction followed by bougies	13
	<hr/>
	274
	<hr/>

Method of delivery of the 1,475 infants born.

Method of Delivery.	No. of Births.	Deaths.		
		Maternal.	Foetal.	Neo-natal.
Natural forces	1,061	4	27	74
Natural forces after induction	232	1	6	15
Forceps	93	2	8	11
Forceps after induction	26	—	5	1
Manual	3	—	2	—
Manual after induction	1	—	—	—
Internal version	10	1	2	3
Scalp traction	10	—	4	5
Scalp traction after induction	1	—	—	1
Leg traction	12	—	7	2
Cæsarean section	19	—	—	4
Cæsarean section—hysterectomy	1	1	1	—
Cæsarean section after induction	1	—	1	—
Perforation—craniotomy	5	—	5	—
Totals	1,475	9	68	116

Midwives delivered	1,231 women.
Obstetricians delivered	187 „
Delivered before admission	33 „
	<hr/>
Total	1,451 „
	<hr/>

Midwives sought medical assistance for	341 women.
--	------------

Labour—	Per cent.	
Normal	1,241	85·53
Abnormal	186	12·82
Multiple	24	1·65
	<hr/>	<hr/>
Total	1,451	100
	<hr/>	<hr/>

Maternal Mortality.

Total deaths, 11. Rate per 1,000 delivered, 7·6.

Case No.	Diagnosis.	Particulars.
43	Abscess of lung, impacted bone in bronchus	Aged 32, Gravida 4; Attended no clinic. Admitted to general wards with history of foreign body in lung, no sign of which was found by X-ray. Developed pneumonia. Transferred to maternity wards at 30 weeks, in labour. Premature child born, which died. Patient died three days later. P.M.—Small piece of bone in left bronchus. Abscess in lung. Metastatic abscess in kidney.
377	Broncho-pneumonia; pulmonary tuberculosis; pelvic cellulitis	Aged 28, Gravida 2. Admitted as emergency at 34 weeks. Spontaneous incomplete rupture of uterus; profound shock. Cæsarean hysterectomy; blood transfusion; long convalescence; pelvic cellulitis. Died, broncho-pneumonia, five weeks after admission. P.M.—Active tubercular lesions in lungs; broncho-pneumonia; pelvic cellulitis.
652	Eclampsia... ..	Aged 32, Gravida 2. Attended Hospital clinic five times; last attendance at 33 weeks; signs of toxæmia, advised immediate admission. Went home first, admitted nine hours later—eclampsia, 5 fits. Regained consciousness, delivered of premature child. On 9th day died after developing jaundice and hyperpyrexia. Acute necrosis of liver and kidneys.
677	Eclampsia... ..	Aged 29, Gravida 2. Attended municipal ante-natal clinic. Admitted at 36 weeks—eclampsia, 8 fits. Deepening coma. Jaundice and anuria. Macerated foetus delivered by low forceps without anaesthesia. Died 7 hours after admission. P.M.—Necrosis of liver.
772	Auricular fibrillation Mitral incompetence	Aged 31, Gravida 2. Attended Hospital clinic 5 times. Compensation fair. Admitted at 36 weeks, cardiac failure. Improved. Delivered living child after internal podalic version for badly flexed head. Died four weeks later after developing auricular fibrillation. P.M.—Not obtained.
972	Diabetic coma Puerperal pyelitis	Aged 29, Gravida 1. Diabetes for 2 years. Attended Hospital clinic 7 times, and diabetes completely controlled by Insulin. Medical induction at 38 weeks—commencing toxæmia. Normal delivery. Developed pyelitis on 6th day; died on 10th day—diabetic coma. P.M.—Not done.
1066	Placenta prævia	Aged 38, Gravida 4. Ante-natal supervision by midwife. Admitted as emergency at 40 weeks. Placenta prævia—breech presentation. Membranes ruptured, leg traction. Intravenous gum saline. Died <i>undelivered</i> three hours after admission. Previous obstetric history normal.
1068	Placenta prævia	Aged 33, Gravida 7. Attended Hospital clinic twice. Admitted at 36 weeks—toxæmia, hydramnios. Toxæmia cleared up. Remained in Hospital. Central placenta prævia diagnosed at term. Perforation of placenta; internal version, leg traction. Easy delivery of still-born child. Post-partum hæmorrhage. Adherent placenta—manual removal. Intravenous gum saline. Died 12 hours later. P.M.—Hepatic and renal degeneration; anaemia.
1149	Puerperal septicæmia	Aged 26, Gravida 1. Ante-natal supervision by midwife. Forceps delivery of 11-lb. baby by general practitioner. Admitted as emergency—adherent placenta; post-partum hæmorrhage; profound shock. Intravenous gum saline; manual removal of placenta. Condition satisfactory after operation. Septicæmia on 2nd day. Died 4th day. P.M.—Uterine sepsis. Streptococci isolated. No other gross lesions.
1525	Puerperal septicæmia	Aged 17—single, Gravida 1. No ante-natal supervision. Pregnancy hidden till onset of labour. Admitted in labour at term. Spontaneous normal labour, no vaginal examination. Septicæmia on 4th day, died on 11th day. Blood cultures sterile. P.M.—Uterine sepsis, right pelvic thrombo-phlebitis, purulent right ovarian thrombo-phlebitis, several small lung abscesses.
1170	Oedema lungs Mitral stenosis	Aged 40, Gravida 8. Admitted as emergency at 25 weeks. Died <i>undelivered</i> day after admission. P.M.—Mitral stenosis, chronic rheumatism, pulmonary congestion, dental sepsis, toxic nephritis. Pregnancy normal.

On Gall-Bladder, Pancreas and Spleen (75).

Cholecystectomy/cholecystostomy	..	..	..	..	..	..	60
Splenectomy	..	..	..	..	..	..	3
Others	..	..	..	..	..	..	12

On Kidney and Urinary Tract (220) (abdominal sections, 12).

Nephrectomy	..	..	..	..	..	..	15
Nephrotomy/nephrolithotomy	..	..	..	..	..	..	2
Others	..	..	..	..	..	..	203

On Male Generative Organs (58).

Supra-pubic prostatectomy	..	..	..	..	..	..	17
Others	..	..	..	..	..	..	41

On Female Generative Organs (785) (abdominal sections, 167).

Wertheim's hysterectomy	..	..	..	..	..	..	1
Pan-hysterectomy	..	..	..	..	..	..	5
Total hysterectomy	..	..	..	..	..	..	16
Sub-total hysterectomy	..	..	..	..	..	..	27
Vaginal hysterectomy	..	..	..	..	..	..	1
Oöphorectomy/salpingectomy/salpingo-oöphorectomy	..	..	..	..	..	..	47
Radium insertions	..	..	..	..	..	..	79
Gillian for retroversion	..	..	..	..	..	..	24
Webster-Baldy for retroversion	..	..	..	..	..	..	1
Plastic operations on cervix and vagina	..	..	..	..	..	..	70
Various on tubes, ovaries and uterus	..	..	..	..	..	..	36
Various on vagina and vulva	..	..	..	..	..	..	21
Examinations under anæsthetic	..	..	..	..	..	..	36
Uterine curettage	..	..	..	..	..	..	406
Broad ligament conditions	..	..	..	..	..	..	5
Miscellaneous	..	..	..	..	..	..	10

Obstetrical Operations (558). (Abdominal Sections, 24.)

Surgical induction	..	..	..	..	..	..	12
Internal version	..	..	..	..	..	..	14
Application of forceps	..	..	..	..	..	..	110
Scalp traction	..	..	..	..	..	..	9
Leg brought down	..	..	..	..	..	..	3
Cæsarean section	..	..	..	..	..	..	21
Perforation skull	..	..	..	..	..	..	3
Craniotomy	..	..	..	..	..	..	1
Manual removal of placenta	..	..	..	..	..	..	7
Episiotomy and repair	..	..	..	..	..	..	14
Repair of ruptured perineum	..	..	..	..	..	..	327
Repair of vaginal lacerations	..	..	..	..	..	..	22
Uterine plugging	..	..	..	..	..	..	4
Miscellaneous	..	..	..	..	..	..	8
Manual delivery under anæsthetic	..	..	..	..	..	..	3

Operations on Infants.

Circumcision	..	..	..	..	..	..	19
Amputation of lower limb for congenital deformity	..	..	..	..	..	..	1

Maternity Department.

I. ANTE-NATAL CLINIC.

Ante-natal sessions held	..	..	..	..	..	154
Expectant mothers examined	..	..	..	..	..	2,105
Total attendances	..	..	..	..	..	9,672
Average number seen per session	..	..	..	..	..	62·8
Average number of attendances per expectant mother	..	..	..	..	..	4·6
Women referred for dental treatment	..	..	..	..	..	437

II. STATISTICAL TABLES AND ANALYSES OF CONFINEMENTS.

Analysis of the 1,451 Women delivered of 1,475 Infants.

						Per cent.
Mother admitted	..	Via ante-natal clinic	..	..	1,363	93·94
		As an emergency case	..	..	88	6·06
		Total	..	..	1,451	100·00
Civil state	..	Married	..	..	1,351	93·11
		Unmarried	..	..	96	6·62
		Widowed	..	..	4	·27
		Total	..	..	1,451	100·00
Parous state	..	Primipara	..	..	756	52·10
		Multipara	..	..	695	47·90
		Total	..	..	1,451	100·00
Presentation	..	Vertex—occipito-anterior	..	..	1,334	
		Vertex—occipito-posterior	..	..	53	
		Breech—uncomplicated	..	..	29	
		Breech—complicated	..	..	19	
		Face	..	..	6	
		Transverse	..	..	1	
		Born before admission	..	..	33	
		Total	..	..	1,475	

Neo-natal Deaths.

No. of Infants.	Delivered by	Maternal Complication.	Cause of Death.	Age.
2	Natural forces ...	Nil ...	Prematurity ...	1 day or less.
2	" "	Chronic nephritis ...	" "	1 "
4	" "	Toxæmia ...	" "	1 "
2	" "	Accidental hæmorrhage ...	" "	1 "
1	" "	Placenta prævia ...	" "	1 "
1	" "	Colitis ...	" "	1 "
1	" "	Premature interruption ...	" "	1 "
1	" "	Foreign body in lung ...	" "	1 "
1	" "	Nil ...	" "	2 days.
1	" "	Toxæmia ...	" "	2 "
1	" "	Influenza ...	" "	2 "
1	" "	Eclampsia ...	" "	2 "
1	" "	Nil ...	" "	3 "
1	" "	Toxæmia ...	" "	3 "
1	" "	Chronic nephritis ...	" "	3 "
2	" "	Toxæmia ...	" "	4 "
1	" "	Nil ...	" "	4 "
2	" "	" "	" "	5 "
1	" "	Toxæmia ...	" "	5 "
1	" "	Eclampsia ...	" "	6 "
1	" "	Nil ...	" "	7 "
1	" "	Pyelitis ...	" "	11 "
1	" "	Nil ...	" "	15 "
1	" "	Toxæmia ...	" "	16 "
1	" "	Nil ...	" "	18 "
1	" "	" "	" "	20 "
1	" "	" "	" "	27 "
1	" "	" "	Gastro-enteritis ...	5 "
1	" "	Contracted pelvis ...	" "	9 "
1	" "	Nil ...	" "	10 "
2	" "	" "	" "	11 "
3	" "	" "	" "	14 "
1	" "	Toxæmia ...	" "	14 "
4	" "	Nil ...	" "	16 "
2	" "	" "	" "	17 "
2	" "	Toxæmia ...	" "	17 "
3	" "	Nil ...	" "	18 "
1	" "	" "	" "	19 "
1	" "	Toxæmia ...	" "	19 "
1	" "	Nil ...	" "	23 "
1	" "	" "	" "	28 "
1	" "	" "	Broncho-pneumonia ...	1 day.
1	" "	" "	" "	3 days.
1	" "	" "	" "	4 "
1	" "	Toxæmia ...	" "	7 "
1	" "	Nil ...	" "	10 "
2	" "	" "	" "	11 "
2	" "	" "	" "	14 "
2	" "	" "	" "	15 "
1	" "	Toxæmia ...	" "	16 "
1	" "	Nil ...	" "	19 "
2	" "	" "	" "	21 "
1	" "	" "	" "	26 "
1	" "	" "	Encephalocele ...	1 day.
1	" "	" "	Congenital heart disease ...	1 "
1	" "	Toxæmia ...	" "	1 "
1	" "	Contracted pelvis ...	Intracranial hæmorrhage ...	1 "
1	" "	Chronic nephritis ...	" "	6 days.
1	" "	Nil ...	Anencephaly ...	1 day.
1	" "	" "	Asphyxia ...	2 days.
1	" "	" "	Icterus neonatorum ...	10 "
2	" "	" "	Enteritis ...	15 "
1	" "	" "	Congenital deformities ...	16 "
1	" "	" "	Acholuric jaundice ...	23 "
1	Leg brought down— N.F.	" "	Suprarenal hæmorrhage ...	10 "
1	" "	Placenta prævia ...	Prematurity ...	1 day.
1	Leg brought down, extraction	Toxæmia ...	Asphyxia ...	1 "
1	Internal version ...	Nil ...	Intracranial hæmorrhage ...	3 days.
1	" "	" "	Gastro-enteritis ...	15 "
1	" "	Mitral incompetence ...	" "	1 month.

Neo-natal Deaths—continued.

No. of Infants.	Delivered by			Maternal Complication.			Cause of Death.			Age
1	Forceps	...	...	Chronic nephritis	...	...	Prematurity	...	...	1 day.
1	"	...	...	Eclampsia	...	...	"	...	...	4 days.
1	"	...	...	"	...	...	Gastro-enteritis	...	...	15 "
1	"	...	...	Nil	...	...	"	...	...	31 "
1	"	...	...	"	...	...	Cellulitis of chest wall	...	...	11 "
1	"	...	...	"	...	...	Intracranial hæmorrhage	...	...	1 day.
1	"	...	...	"	...	...	"	"	...	2 "
1	"	...	...	Toxæmia	...	...	"	"	...	2 "
1	"	...	...	Nil	...	...	"	"	...	4 "
1	"	...	...	"	...	...	"	"	...	6 "
1	"	...	...	"	...	...	Peritonitis	...	...	15 "
1	"	...	...	Toxæmia	...	...	Asphyxia	...	...	1 day.
1	Leg traction	...	...	Secondary anæmia, placenta prævia			Congenital atelectasis			1 "
1	Scalp traction	...	...	Placenta prævia			Prematurity			1 "
1	"	"	...	"	"	...	"	...	...	10 days.
1	"	"	...	"	"	...	Gastro-enteritis	.....	...	11 "
1	"	"	...	"	"	...	"	...	...	20 "
1	"	"	...	"	"	...	"	...	...	22 "
1	"	"	...	"	"	...	Congenital pyloric stenosis			21 "
1	Cæsarean section	...	...	Chronic nephritis	...	...	Asphyxia	...	...	1 day.
1	"	"	...	Contracted pelvis	...	...	"	...	...	1 "
1	"	"	...	Chronic nephritis	...	...	Gastro-enteritis	...	...	13 days.
1	"	"	...	Myocarditis	...	...	"	...	...	19 "

Summary of Neo-natal Deaths.

Marasmus	..	..	..	..	..	..	..	..	3
Prematurity	..	..	..	..	..	..	..	..	39
Gastro-enteritis	..	..	..	..	..	..	..	..	31
Broncho-pneumonia	..	..	..	..	..	..	..	..	17
Encephalocele	..	..	..	..	..	..	..	..	1
Congenital heart disease	..	..	..	..	..	..	..	..	1
Intracranial hæmorrhage	..	..	..	..	..	..	..	..	8
Anencephaly	..	..	..	..	..	..	..	..	1
Asphyxia	..	..	..	..	..	..	..	..	4
Icterus neonatorum	..	..	..	..	..	..	..	..	2
Congenital deformities	..	..	..	..	..	..	..	..	1
Acholuric jaundice	..	..	..	..	..	..	..	..	1
Suprarenal hæmorrhage	..	..	..	..	..	..	..	..	1
Cellulitis of chest wall	..	..	..	..	..	..	..	..	1
Atelectasis	..	..	..	..	..	..	..	..	2
Bronchitis	..	..	..	..	..	..	..	..	3
Total									116

Analysis of Cases of Normal and Abnormal Pregnancy, Parturition and Puerperium Treated to a Conclusion in Maternity and other Wards during the Year.

	Discharged.	Died.	Total.
Pregnancy	17	—	17
Pregnancy and spurious labour pains	249	—	249
Toxæmia of pregnancy (admitted as such)	5	—	5
Ectopic gestation	10	1	11
Abnormal condition of gravid uterus	4	—	4
Pregnancy—			
Placenta prævia (admitted as such)	—	1	1
Pregnancy and concomitant disease	80	1	81
Abortion—			
Threatened	22	—	22
Complete	22	—	22
Incomplete	332	1	333
Missed	8	—	8
With pelvic infection	2	—	2
With general peritonitis	—	1	1
Labour—			
Normal	978	—	978
Normal with toxæmia	209	—	209
Normal and concomitant disease	36	2	38
Abnormal	155	4	159
Abnormal and toxæmia of pregnancy	26	1	27
Abnormal and concomitant disease	8	1	9
Multiple	25	1	26
Puerperium—			
Normal (admitted as such)	4	—	4
Puerperal toxæmia (admitted as such)	—	2	2
Puerperium and concomitant disease	6	—	6
Retained products of conception (admitted as such)	4	—	4
Puerperal infections—			
Local pelvic infections (admitted as such)	5	—	5
Mental disorders associated with childbirth	1	—	1
Affections connected with pregnancy	2	—	2
Total	2,210	16	2,226

Anæsthetics.

Analysis of Anæsthetics Administered.

General.	Total.
Chloroform, ether or mixture	24
Ethyl chloride and ether	277
Gas and oxygen	1,914
Gas, oxygen and ether	815
Evipan	51
Cyclopropane	10
	3,091
Local.	
Freezing with ethyl chloride	34
Infiltration	543
	577
Spinal.	
Intrathecal injection	188
Totals	3,856

Out-Patient Department.

Total number of patients seen	..	..	..	..	..	12,370
Total number of attendances	..	..	..	..	..	83,488
Number subsequently admitted	..	..	..	..	..	714
Number transferred from wards	..	..	..	..	..	1,900

Department of Ophthalmology.

Total number of out-patient attendances	..	..	..	..	..	2,635
Refractions	..	..	..	..	..	640
Number of spectacles supplied	..	..	..	..	..	478
Operations—Total	..	..	..	..	..	35

Minor—

Cyst of lid	..	..	..	..	..	..	10
Probing	..	..	..	..	..	..	4
Abscesses, lachrymal and lid	..	..	..	..	..	..	6

Major—

Tenotomy	..	..	..	..	..	..	2
Extraction of cataract	..	..	..	..	..	..	2
Enucleation	..	..	..	..	..	..	2
Discission for congenital cataract	..	..	..	..	..	..	1
„ „ traumatic cataract	..	..	..	..	..	..	1
Evisceration	..	..	..	..	..	..	2
Iridectomy for acute glaucoma	..	..	..	..	..	..	2
„ „ prolapse of iris	..	..	..	..	..	..	1
Operation on lachrymal duct	..	..	..	..	..	..	2

Ear, Nose and Throat Department.*Analysis of Operations.*

Removal of tonsils and adenoids in children	..	..	..	..	..	479
Removal of tonsils and adenoids, dissection	..	..	..	..	..	86
Submucous resection and dissection of tonsils	..	..	..	..	..	1
Submucous resection	..	..	..	..	..	19
Antrostomy	..	..	..	..	..	17
Mastoidectomy	..	..	..	..	..	23
Ethmoidectomy and submucous resection	..	..	..	..	..	1
Bronchoscopy	..	..	..	..	..	3
Removal of aural polypi	..	..	..	..	..	8
Removal of nasal polypi	..	..	..	..	..	3
Turbinectomy	..	..	..	..	..	2
Myringotomy	..	..	..	..	..	1
Ethmoidectomy	..	..	..	..	..	2
Canulisation frontal sinus	..	..	..	..	..	1
						<hr/> 646 <hr/>

Dental Department.

Number of patients treated	..	..	..	..	..	1,882
Number of general anæsthetics administered	..	..	..	..	..	1,052
Number of extractions	..	..	..	..	..	5,767
Ante-natal cases treated	..	..	..	..	..	411

Physio-Therapeutic Department.

I. <i>Massage and Electro-therapy</i> —						<i>Number. Treatments.</i>	
In-patients	..	..	..	..	..	415	8,621
Out-patients	..	..	..	..	..	1,489	53,023
						<hr/> 1,904	<hr/> 61,644
II. <i>Actino-therapy</i> —							
In-patients	..	..	..	..	..	107	2,153
Out-patients	..	..	..	..	..	373	16,663
						<hr/> 480	<hr/> 18,816
Grand totals						<hr/> 2,384	<hr/> 80,460

Three surgical ionisations under general anæsthesia.

Dispensary.

Number of prescriptions dispensed—							
In-patients	..	..	..	..	..	..	110,689
Out-patients—							
General	..	..	..	..	..	8,609	
Massage, &c.	..	..	..	..	..	7,520	
E.N.T.	..	..	..	..	..	1,651	
Eyes	..	..	..	..	..	1,990	
Ante-natal	..	..	..	..	..	554	
Gynaecological	..	..	..	..	..	1,633	
						<hr/>	21,957
Total							<hr/>
	..	..	..	..	..	..	132,646

Pathological Department.

Classification of Examinations made during the Year.

Specimens from County Hospitals.	Hæmatology.										Serology.							General and Microscopic.						Histology.			Autopsy.		
	Full count.	Red cells and hæmoglobin.	White cell count and differential.	Reticulocyte count.	Platelet count.	Red cell fragility.	Bleeding time.	Coagulation time.	Sedimentation test.	Other tests.	Blood grouping.	Blood compatibility.	Widal reaction. Whole group.	Bacterial agglutination.	*Complement fixation test.	*Wassermann reaction blood.	*Wassermann reaction, C.S.F.	*Kahn's.	Urine.	Fæces.	Cerebrospinal fluid.	Exudates and other fluids.	Parasitic infections.	Other examinations.	Surgical.	Radium.		Post-mortem.	
North Middlesex ..	474	160	161	9	14	5	6	10	35	3	127	147	97	7	39	638	57	11	2,244	50	176	113	22	1	267	52	188	547	109
Central Middlesex ..	67	2	5	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	30	15	—	15	1	—	—	—	—	—	—
Redhill ..	—	—	—	—	—	—	—	—	—	—	—	—	18	8	8	109	16	—	—	4	20	24	—	—	27	—	13	—	—
Totals ..	541	162	166	9	14	5	6	10	35	3	127	147	115	15	48	747	73	11	2,274	69	196	152	23	1	294	52	201	547	109

Pathological Department—continued.

Specimens from County Hospitals.	Bacteriology.										Biochemistry.																					
	Blood culture.	Cerebrospinal fluid.	Urine.	Fæces.	Exudates.	Pus.	Sputum.	Swabbings.	Examination for gonococcus.	Vaccines—autogenous.	*Animal inoculations.	Blood.								Cerebrospinal fluid.						Urine.				Fæces.		Stomach contents
												Sugar.	Sugar tolerance curve.	Urea.	Calcium.	Cholesterol.	Van den Bergh.	Other tests.	Protein.	Globulin.	Chloride.	Sugar.	Urea.	Lange's test.	Sugar estimation.	Urea concentration.	P.H.	Other tests.	Occult blood.	Fats.		
North Middlesex	89	95	2,254	143	113	189	852	603	74	8	16	221	29	552	2	1	31	8	135	139	87	36	9	31	197	46	103	30	561	3	137	
Central Middlesex	—	—	29	26	15	5	2	47	35	—	13	4	10	118	1	3	5	1	1	1	1	1	—	—	—	5	—	—	—	161	—	—
Redhill	6	15	34	44	26	65	—	197	3	—	4	—	—	1	—	—	1	—	8	9	5	2	1	11	—	—	—	—	—	—	—	
Totals	95	110	2,317	213	154	259	854	847	112	8	33	225	39	671	3	4	37	9	144	149	93	39	10	42	197	51	103	30	722	3	137	

* These tests were carried out at the Prince of Wales's General Hospital.

Totals	..	..	..	12,563	Grand total		13,862.
	North	Central	Redhill	620	679		

Department of Radiology.

X-ray Investigations.

Number of in-patients	..	..	..	..	..	..	4,684
Number of out-patients	..	..	..	..	..	..	1,283
Total	..	..	..	..	..	..	5,967
Total number of <i>examinations</i>	..	..	..	..	..	..	8,150
Number of examinations of staff	..	..	..	..	..	..	391

The following are important groups where total figures are a valuable index of the work of the department :—

						Patients.	Staff.
“ Standard chests ”	..	..	..	..	..	1,797	261
Chests (taken in ward)	..	..	..	..	..	92	7
Bronchiology	..	..	..	..	..	26	1
Opaque meals	..	..	..	..	..	745	5
Opaque enemas	..	..	..	..	..	99	1
Cholecystography	..	..	..	..	..	177	3
Pyelography—							
(a) Intravenous	..	..	..	..	..	83	3
(b) Ascending	..	..	..	..	..	34	—
Uterine lipiodol	..	..	..	..	..	9	—
Electrocardiograms	..	..	..	..	..	172	—

X-ray Therapy.

During the year, 153 new patients were treated in the department, the treatments they received totalling 3,342.

In addition, there were 27 patients continuing treatment from 1934 ; these had 434 treatments ; 4 patients from 1933, who had 82 treatments ; one patient from 1932, who had 3 treatments ; and one from 1930, who had 23 treatments. This brings the year's total treatments to 3,884.

Below is a detailed list of new cases treated during 1935 :—

	Patients.	Treatments.
<i>Malignant.</i>		
Carcinoma servix uteri—after radium treatment	25	665
„ „ „ after operation	1	23
„ corpus uteri—after operation	1	28
„ „ „ no other treatment	1	32
Sarcoma uterus—after radium treatment	1	1
„ „ after operation	1	4
Malignant ovarian cysts—after operation	5	84
„ „ „ no other treatment	1	24
Carcinoma mouth—after radium	4	169
„ „ no other treatment	6	120
„ oesophagus	8	126
„ stomach—after operation	4	96
„ colon—after operation	9	206
„ rectum	5	130
„ gall bladder	1	8
„ breast—after radium treatment	1	17
„ „ after operation	23	427
„ „ no previous treatment	3	89
„ „ with secondaries in spine	2	46
„ larynx	10	198
„ antrum—with radium treatment	2	57
„ „ without radium treatment	1	18
„ lung	9	304
„ bladder and urethra	6	107
„ testis	1	29
„ glands, neck	2	45
„ thyroid	1	32
Parotid tumour	2	32
Hypernephroma	1	18
Sarcoma	3	78
Tuberculous glands, neck	1	5
<i>Blood dyscrasias.</i>		
Leukæmia—lymphatic	1	7
„ myelogenous	2	20
Polycythæmia	1	21
<i>Non-Malignant.</i>		
Psoriasis	1	4
Duct papilloma	1	15
Actinomycosis (stomach)	1	19
Endometritis	5	38
Totals	153	3,342

Radium Department.

Number of new cases seen during the year 105

Condition treated.	Total cases treated.	Alive.	Died within 1 year.
I.—Carcinoma : gynæcological—			
Cervix uteri Stage I	6	6	—
,, Stage II	5	5	—
,, Stage III	10	10	—
,, Stage IV	2	1	1
,, Post hysterectomy	2	2	—
Vulva	2	2	—
II.—Carcinoma : tongue and mouth—			
Tongue	3	3	—
Floor of mouth	2	1	1
Lip	4	3	1
III.—Carcinoma : breast, &c.—			
Breast	2	2	—
IV.—Carcinoma : rectum	3	2	1
V.—Carcinoma : nasal sunuses—			
Maxillary antrum	1	1	—
VI.—General—			
Skin, squamous	7	7	—
Skin, basal-celled	8	7 (1)	—
Sarcoma	1	1	—
Parotid	1	1	—
Glands, neck	1	—	1
Angio-sarcoma	1	1	—
Total malignant	61	55 (1)	5
Non-malignant—			
Nævi	12	12	—
Keloid	4	4	—
Endometritis	15	14	1*
Wart	11	11	—
Callus and corns	2	2	—
Total non-malignant	44	43	1
Grand totals	105	98 (1)	6

* Died of purpura.

Figures in brackets indicate "lost trace."

Mental Patients.

Return for the Year ended 31st December, 1935.

	Males.	Females.	Children.	Total.
Remaining in Hospital, 31st Dec., 1934 ..	7	10	—	17
Admitted	222	277	1	500
Discharged	131	136	—	267
Transferred to mental hospitals ..	87	138	1	226
Died	7	5	—	12
Remaining in Hospital, 31st Dec., 1935 ..	4	8	—	12

Percentage sent to mental hospitals :—Males, 37·9 per cent. ; Females, 48·1 per cent.

APPENDIX II.

 ANNUAL REPORT ON THE WORK OF REDHILL COUNTY HOSPITAL
 DURING 1935, PREPARED BY THE MEDICAL SUPERINTENDENT.

Staff.

WHOLE-TIME MEDICAL STAFF.

Medical Superintendent—

J. N. Deacon, M.C., M.B., B.S.

Deputy Medical Superintendent and Resident Physician—

E. B. Brooke, M.A., M.B., B.Chir.(Cantab.), M.R.C.P., D.P.H.

Resident Surgeon—

D. B. Craig, F.R.C.S.

Obstetric Surgeon—

E. ap I. Rosser, M.R.C.S., L.R.C.P.

Assistant Medical Officer—

J. H. Attwood, M.B., B.S., D.A.

Junior Assistant Medical Officer (Non-Resident)—

A. Caplan, M.D., M.R.C.P.

VISITING MEDICAL STAFF.

Surgeon—

R. Trevor Jones, B.Sc., M.B., B.S., F.R.C.S.(Eng.).

Radiologist—

G. Simon, M.B., B.Chir.(Cantab.), D.M.R.E.(Cantab.).

Pathologist—

T. H. C. Benians, F.R.C.S.(Eng.).

Dental Surgeon—

J. A. Hudson, L.D.S., R.C.S.

NURSING—(96).

Matron—Miss E. R. Wheeldon.

Administrative Sisters	..	..	4	Nurses and Probationers (44)	..	76
Departmental Sisters	..	..	3	Massage Sister	..	1
Ward and Night Sisters	..	..	8	Masseuses	..	3

OTHER STAFF.

(Non-Resident.)

Chaplain	..	..	..	..	Rev. C. E. de R. Copinger.
Steward	..	..	..	..	Mr. J. Fielding, A.R.S.I.
Pharmacist	..	..	..	..	Miss W. N. Knight, M.P.S.
Chief Assistant Dispenser and Biochemist	..	..	..	..	Miss E. Johnson, Ph.C., M.P.S.
Radiographer	..	..	..	..	Miss B. V. Poole, M.S.R.
Lady Almoner	..	..	..	..	Mrs. F. G. Owen, A.I.H.A.

In April, the County Council's scheme of grading for medical officers was applied to this hospital and Dr. Brooke, Mr. Craig and Dr. Rosser were promoted respectively to the posts of Physician, Surgeon and Obstetrician. They are resident. At the same time Mr. T. H. C. Benians, F.R.C.S., was appointed Pathologist.

In order to cope with the increase in the work of the hospital, the County Council sanctioned the appointment of a non-resident Junior Assistant Medical Officer. Dr. A. Caplan was selected for this post and commenced duties in August. He is employed partly at Redhill Institution, Burnt Oak, where there are 117 beds for chronic cases, and partly at this hospital in the receiving room and casualty department. The Resident Surgeon has charge of the surgical wards and shares with the Visiting Surgeon surgery of a general nature. Orthopædic surgery is in the hands of the former and genito-urinary surgery in those of the latter. Ear, nose and throat surgery is the province of the Medical Superintendent who also has direct charge of the two wards allocated to this speciality. Dr. Attwood has charge of the children's ward and administers the majority of the general anæsthetics. At the first examination for the recently instituted Diploma of Anæsthetics, held in November by the Royal College of Physicians and Surgeons of England, he was successful.

In April, the appointment of a Second Assistant Matron was sanctioned by the Committee. Miss E. H. Webber was selected and commenced duties in that month.

Beds.

The existing block of buildings was planned to contain 175 beds and cots and 18 maternity cradles. In each of the four years, 1928 to 1931, one or more small additions to the complement were made. Since the latter part of 1931 the complement at 215 has remained unchanged. The beds, cots and cradles are allotted as follows :—

Male—medical	..	..	..	..	..	..	32	
„ —surgical	..	..	..	..	..	..	32	
„ —ear, nose and throat			..	..	..	..	5	
							—	69
Female—medical	..	..	..	..	..	..	29	
„ —surgical	..	..	..	..	..	..	29	
„ —ear, nose and throat			..	..	..	..	7	
							—	65
Maternity beds	..	..	..	..	..	..	21	
„ cradles	..		..	..	..	..	20	
„ isolation beds (3), cradles (3)				..	..		6	
							—	47
Children under 7—general		..	..	..	..		26	
„ —ear, nose and throat				..	..		6	
							—	32
Sick nurses	..	..	..	..	..	..		2
								—
Total	..	..	..					215
								—

Nurses Training School.

The hospital was opened in December, 1927. In April, 1929, it was approved by the General Nursing Council as a complete training school for nurses. In May, 1931, the Central Midwives Board approved the hospital as a training school for midwives and the sister-in-charge of the maternity department as a recognised teacher of midwifery.

After a trial period of three months, probationer nurses proceed to a three-years' course of training. On completion of the latter they are required to sit for the County Nurses' examination, and for the final State examination for admission to the general part of the State Register of Nurses. To the nurse who most distinguishes herself in the County examination, a County gold medal is awarded and County silver medals to the nurses who are second and third in order of merit. To those nurses who satisfy the examiners County certificates of training are granted. Based on the results of the County examination, nurses who so desire are accepted for training for the certificate in midwifery granted by the Central Midwives Board.

ACADEMIC SUCCESSES DURING THE YEAR.

	Passed.	Failed.
County Nurses Examination	11*	—
State Examination—Preliminary	10	—
„ Final	8	—
Certificate of Central Midwives Board	7	4

* Three Nurses passed with distinction in the theory of nursing, 1 with distinction in practical nursing and 1 passed with credit.

Social Service Department.

The Lady Almoner is vested by the County Council with the powers of a relieving officer. The investigations made in this connection enable her to render advice and arrange help, apart from hospital treatment, for those who need it. Her presence here makes it unnecessary to refer to area relieving officers, or to admit on emergency orders, many of those who apply direct to the hospital for in-patient treatment. More than one-third of the number of patients treated to a conclusion were admitted to hospital on orders issued by her.

In connection with women seeking admission to the maternity wards her services are of particular value. Such women, given that they are not in labour, are referred direct to her. In 1935 the number of new cases so referred and interviewed was 871.

The provisional assessment and collection of payments from persons attending the various out-patient departments is another duty performed by the Almoner. Out-patient attendances in 1935 number 29,849. In June, in order to cope with the increasing work of the Almoner's department, the Committee sanctioned the temporary employment of a part-time Assistant Almoner.

Hospital Library Service.

Our thanks are due to Mrs. Tate, Miss Dumbleton and Miss Moore for the excellent library service which they have provided throughout the year. The regularity and punctuality of their visits are such as entail no little personal sacrifice. The library is growing steadily and now contains some 1,200 selected volumes. The service is appreciated greatly by our patients.

Work of the Hospital.

As in previous years this is set out in the form of statistical tables and analyses which deal in detail with the work of the hospital during the year.

The number treated to a conclusion in 1935 is a record for the hospital. For the fifth year in succession 40 per cent. of those treated were children under 16.

The average daily number of beds unavailable by reason of repairs, infection and occupation by sick staff is 3·2, a decrease of 5·6.

The average daily number of occupied beds (192) is increased by 7. The average daily percentage of available beds occupied at 90·7 shows an increase of 1·0. When considering this last number one must bear in mind the many specific uses to which our small total number of beds is put. Beds are allotted to male and female medical and surgical cases, maternity cases, male and female ear, nose and throat cases and to cases of sick children, *i.e.*, to 8 groups, each in a separate ward.

The average daily percentage of patients on the dangerously ill list is 14·5. This is a very high percentage and almost identical with the 1934 figure.

The average length of stay per patient is 16·1 days, a decrease of ·6 days. At 5·4 per cent. the death-rate shows a slight decrease.

SPECIAL DEPARTMENTS.

The number of special departments remains unchanged. To the work of a few, special attention is drawn here below.

Operations and Anæsthetics.

The number of major operations is 1,220, an increase of 292. There were 1,886 operations performed in the theatres. The operative mortality rates of major and minor operations at 3·5 per cent. and 0·16 per cent. show decreases of 0·7 and 0·08 respectively. Of 2,544 general anæsthetics administered, 494 were given for dental purposes.

Maternity.

In spite of the closure of 10 beds for 3 weeks in July when the wards were redecorated, the work of this department shows an appreciable increase. Confinements at 512 compare with 460 in 1934. Approximately one woman in every three delivered had some abnormality during pregnancy and/or labour.

On the 21st May Cresta face masks, designed by Professor Phillips and Dr. Paine, both of Sheffield, were substituted for those previously used by the staff. It is of interest to note that since this change was made not a case of hæmolytic streptococcal infection has occurred in the department.

The maternal morbidity rate per 1,000 women delivered has fallen again and at 25·4 is the lowest rate recorded here in the past 8 years. Each year since 1932, when the figure stood at 73·1, the rate has fallen steadily.

In April a Minnitt's apparatus (Sir Robert Davis modification) for the self-administration of gas and air was installed in the department. It has been appreciated greatly by some 200 women who have used it.

The average length of the lying-in period at 13 days is decreased by 1·3.

The stillbirth rate at 5·6 per 100 births shows an increase of 1·1.

Ear, Nose and Throat.

The number of in-patients primarily treated for diseases and conditions of the ear, nose and throat has increased and at 642 compares with 559 in 1934.

In April, 1929, arrangements were made with the Hendon Education Committee for the operation for removal of tonsils and adenoids to be performed at this hospital on a certain proportion of children considered by the school medical officers to be in need of such. In September a similar arrangement, for children attending the elementary schools in other areas served by this hospital, was made between the Middlesex Education Committee and the Public Health Committee of the County Council. During the past year 90 children were admitted under these arrangements. Children admitted at 5 p.m. on Monday for operation on Tuesday are discharged at 10 a.m. on Wednesday and those admitted at 5 p.m. on Wednesday for operation on Thursday are discharged at 10 a.m. on Friday.

Out-patients attend daily (Sundays included) and on Tuesday and Friday afternoon an out-patient clinic is held by the Aural Surgeon. Again increases in the numbers of out-patients and attendances have occurred.

Ear, nose and throat operations on in-patients and out-patients number 699 of which 132 were for mastoiditis.

Pathological.

Consequent upon the appointment of a pathologist much of the work, of a nature hitherto sent elsewhere, has been done in our own laboratory. His visits here have made possible a closer collaboration between clinician and pathologist. Total examinations at 3,306 and those made here at 2,467 compare with 2,148 and 1,583 respectively in 1934.

Out-Patients.

The department has a full-time nursing staff of a sister, 3 staff nurses and two assistant nurses for ambulance, receiving and casualty duties.

In the various out-patient departments are seen patients discharged from the wards, casualties, persons sent for consultation, special investigation and/or treatment, and women attending the ante-natal and post-natal clinics. During the year 7,390 out-patients were treated. They made 29,849 attendances. Details of the out-patient work appear later in this report.

CO-OPERATION WITH GENERAL MEDICAL PRACTITIONERS.

During the year 3,638 letters were sent by the Medical Superintendent to medical practitioners on the discharge of their patients. These letters contained particulars of any investigations made and operations performed and the treatment given and advised. The letters of thanks received from practitioners show how much this service is appreciated.

DAYS AND TIMES OF SPECIALISTS ATTENDANCES AND OUT-PATIENT CLINICS.

Monday ..	..	2 p.m.	.. Radiologist attends.
		2 p.m.	.. Dental Surgeon attends.
		2 p.m.	.. Post-natal Clinic.
Tuesday ..	..	10 a.m.	.. Ante-natal Clinic.
		2 p.m.	.. Ear, Nose and Throat Clinic.
		2 p.m.	.. Medical Out-patient Consultations.
Wednesday	..	2 p.m.	.. Radiologist attends.
		2 p.m.	.. Orthopædic and Fracture Clinic.
		2 p.m.	.. Varicose Vein Clinic.
Thursday	..	10 a.m.	.. Ante-natal Clinic.
		2 p.m.	.. Dental Surgeon attends.
		3 p.m.	.. Genito-urinary Clinic.
Friday ..	..	2 p.m.	.. Ear, Nose and Throat Clinic.
Saturday ..	..	10 a.m.	.. Orthopædic and Fracture Clinic.

STATISTICAL TABLES AND ANALYSES.

Remaining in hospital, 1st January, 1935	..	..	172	
Admitted	..	..	3,883	
Born in hospital	..	..	495	
			<hr/>	4,550
Discharged	..	..	4,127	
Died	..	..	235	
Patients treated to a conclusion during the year	..			4,362
			<hr/>	
Remaining in hospital on 31st December, 1935	..			188
			<hr/>	

CLASSIFICATION OF PATIENTS TREATED TO A CONCLUSION.

Male infants under 3	..	..	..	..	..	491	
Boys, 3-16	..	..	..	..	..	553	
Men	..	..	..	..	..	893	
						<hr/>	1,937
Female infants under 3	..	..	..	..	..	317	
Girls, 3-16	..	..	..	..	..	381	
Women	..	..	..	..	..	1,727	
						<hr/>	2,425
						<hr/>	
Total..	..	..	..	..	..		4,362
							<hr/>

Children under 16 constituted 40 per cent. of all patients treated.

The number of *patients treated to a conclusion* during the year is the subject of the tables which follow.

I—TABLE SHOWING HOW THE 4,362 PATIENTS TREATED TO A CONCLUSION DURING THE YEAR WERE ORIGINALLY ADMITTED.

1. By Lady Almoner's order	..	..	..	..	..	1,644	
2. By Relieving Officer's order	..	..	..	..	..	573	
By Medical Superintendent :—							
3. Births	..	..	..	..	..	490	
4. Police cases (other than accidents)	..	..	..	..	..	10	
5. Accidents	..	..	..	..	..	332	
6. Maternity cases (emergency)	..	..	..	..	..	60	
7. Other urgent cases	..	..	..	..	..	1,112	
8. Transfer from institution or home—M.C.C.	..	..	..	..	..	53	
9. Transfer from hospital—M.C.C.	..	..	..	..	..	—
10. Transfer from hospital or institution—other authority	..	..	..	..	..	1	
11. By agreement with another authority	..	..	..	..	..	87	
						<hr/>	
Total	..	..	..	..	..	4,362	
						<hr/>	

Of the above patients, 49·2 per cent. were admitted by the Medical Superintendent.

Admitted twice during the year for the same disability	..	117
Admitted thrice during the year for the same disability	..	12

II.—TABLE SHOWING THE DISTRICTS TO WHICH THE 4,362 PATIENTS BELONGED.

Borough of Hendon	2,023
Urban District of Harrow	1,406
" " " Wembley.. .. .	893
Other districts of Middlesex	40
<hr/>	
Total	4,362

Note.—The allotment of an accident case to any one of the preceding districts is governed by the following rules :—

- (1) A person admitted, who is normally resident within the County, becomes a case for the district of residence, irrespective of the district in which the accident occurred.
- (2) A person admitted, not being normally resident within the County, becomes a case for the district in which the accident actually occurred.
- (3) A person admitted from and normally resident outside the County area becomes a case for the Borough of Hendon, being the district in which the hospital is situate.

III.—TABLE SHOWING THE RESULTS OF TREATMENT OR THE TERMINATION, TOGETHER WITH ANALYSES OF DEATHS IN AGE AND OTHER GROUPS.

Cured	3,299 = 75·6 per cent.
Relieved	765 = 17·5 "
Unrelieved	63 = 1·5 "
Died	235 = 5·4 "

Analysis of Deaths in Age Groups.

Ages.	Male.	Female.	Totals.
Under 1	31	17	48
1-2	4	2	6
2-5	7	3	10
5-15	7	4	11
15-25	9	8	17
25-35	9	17	26
35-45	15	10	25
45-55	27	11	38
55-65	14	11	25
65-75	15	4	19
Over 75	3	7	10
<hr/>			
Totals.. .. .	141	94	235

	Treated.	Percent- age of total.	Died.	Case Mortality per cent.
Medical cases	890	20	122	13·7
Surgical and obstetric cases	3,472	80	113	3·3

				Percentage of total.
*Deaths within 12 hours of admission .. .. .	..	..	40	= 17
*Deaths 12 to 24 hours after admission .. .. .	..	..	12	= 5
Deaths 24 to 48 hours after admission .. .. .	..	..	14	= 6
Deaths 48 to 72 hours after admission .. .. .	..	..	8	= 4
All other deaths .. .. .	..	..	161	= 68
<hr/>				
Total deaths .. .. .	..	..	235	= 100

*Injuries	11
Terminal stage—acute disease	19
Terminal stage—chronic disease	12
Neo-natal deaths	10
<hr/>	
Total deaths within 24 hours	52

For the causes of death, *see* Table VII.

IV.—TABLE SHOWING THE BEHAVIOUR OF PATIENTS AND THEIR MANNER OF DISCHARGE.

Patients whose behaviour was normal	..	..	..	..	4,325
Patients whose behaviour was abnormal	..	..	..	..	37*
Total	..	..	..	..	4,362
*Troublesome	...	...	...	...	11
Mentally deranged	...	...	...	...	14
Suicidal	...	...	...	...	12
					37

Discharge.

In the normal manner or by death	..	..	..	..	4,226
At own request, with Medical Superintendent's approval	..				70
At own request, against Medical Superintendent's advice	..				66
Ejected for misconduct	..	..	..	..	—
Total	..	..	..	..	4,362

V.—TABLE SHOWING WHITHER THE 4,362 PATIENTS WERE DISCHARGED.

1. To own, relative's or friend's home	..	..	..	..	2,641
2. To institution or children's home—M.C.C.	..	..	..	..	153
3. To out-patients' department	..	..	..	..	1,172
4. To convalescent home	..	..	..	..	108
5. To general hospital—M.C.C.	..	..	..	..	25
6. To hospital or institution—other authority	..	..	..	..	10
7. To acute infectious disease hospital	..	..	..	..	8
8. To mental hospital	..	..	..	..	—
9. To sanatorium	..	..	..	..	4
10. To voluntary hospital	..	..	..	..	6
11. Died	..	..	..	..	235
Total	..	..	..	..	4,362

VI.—AVERAGES FOR THE YEAR.

Beds—average daily complement	..	..	..	..	215
Beds—average daily number available	..	..	..	..	211·8
Beds—average daily number occupied	..	..	..	..	192
Average daily percentage of available beds occupied	..	..			90·7
Patients per occupied bed—average number per annum	..				22·7
Nursing staff—average daily complement.	..	..	..	..	89·7†
Occupied beds per nurse—average number	..	..	..	..	2·1†
Admissions—average daily number	..	..	..	..	12·3
Dangerously ill—average daily percentage	..	..	..	..	14·5
Stay—average length in days per patient	..	..	..	..	16·1

Maximum number of beds occupied = 210 on 1st March and 26th March.

Minimum number of beds occupied = 163 on 3rd August.

† Includes Matron, 16 sisters and nurses not employed in the wards and 4 masseuses.

VII.—CLASSIFICATION OF THE DISEASES AND CONDITIONS FOR WHICH THE 4,362 DISCHARGED PATIENTS WERE PRIMARILY TREATED DURING 1935.

Classified according to the Nomenclature of Diseases (Sixth Edition, 1931), drawn up by the Royal College of Physicians of London.

Disease or Condition.	Medical.			Surgical and Obstetric.			Totals.
	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	
Healthy—							
No abnormality detected	10	—	—	—	—	—	10
Breast-fed infant with mother	29	—	—	—	—	—	29
Births	—	—	—	469	—	22	491
Diseases due to infection—							
Erysipelas	19	—	3	—	—	—	22
Gonorrhœa	3	5	—	—	—	—	8
Influenza	11	—	—	—	—	—	11
Influenzal Pneumonia	41	—	17	—	—	—	58
Measles—morbilli and rubella	1	—	—	—	—	—	1
Mumps, pertussis, varicella	6	—	1	—	—	—	7
Rheumatism—acute and sub-acute ..	25	—	1	—	—	—	26
Rheumatic chorea	4	—	—	—	—	—	4
Syphilis—primary and secondary ..	—	—	—	—	—	—	—
Tuberculosis—pulmonary	14	8	4	—	—	—	26
Tuberculosis—non-pulmonary	2	—	8	11	1	—	22
Miscellaneous notifiable	11	2	1	—	—	—	14
Miscellaneous non-notifiable	4	—	3	—	—	—	7
Infestations by metazoan parasites ..	8	—	—	—	—	—	8
Diseases of the nervous system—							
Of vascular origin	5	5	3	—	—	—	13
Mental diseases	14	1	—	—	—	—	15
Miscellaneous	14	2	4	—	—	—	20
Diseases of the eye	—	—	—	2	1	—	3
Diseases of the ear	—	—	—	171	—	5	176
Diseases of the nose and sinuses ..	—	—	—	45	—	2	47
Diseases of the circulatory system—							
Rheumatic carditis—chronic	19	1	5	—	—	—	25
Myocardial degeneration, etc.	5	3	4	—	—	—	12
Arteriosclerosis, hyperpiesis	4	2	6	—	—	—	12
Of the veins	9	—	—	—	—	—	9
Miscellaneous	6	3	5	—	—	—	14
Diseases of the blood and spleen ..	9	—	1	—	—	—	10
Diseases of the lymphatic system ..	—	—	—	58	—	1	59
Diseases of the endocrine glands ..	5	—	1	—	—	—	6
Diseases of the breast	—	—	—	23	—	—	23
Diseases of the respiratory system—							
Bronchitis—acute	27	—	—	—	—	—	27
Bronchitis—chronic	6	1	1	—	—	—	8
Asthma	11	—	—	—	—	—	11
Pneumonia—primary	46	—	8	—	—	—	54
Broncho-pneumonia	25	—	8	—	—	—	33
Pleurisy, empyema	9	—	—	7	—	1	17
Miscellaneous	4	—	—	—	—	—	4
Diseases of the teeth and gums	—	—	—	33	—	—	33
Diseases of the digestive system—							
Tonsillitis	—	—	—	106	1	—	107
Enlarged tonsils and/or adenoids ..	—	—	—	312	—	—	312
Peptic ulcers	43	—	5	24	—	10	82
Dyspepsia of infants	9	—	7	—	—	—	16

Disease or Condition.	Medical.			Surgical and Obstetric.			Totals.
	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	
Diseases of the digestive system— <i>contd.</i>							
Of stomach and duodenum—other ..	8	—	—	—	—	—	8
Appendicitis	9	—	—	281	—	5	295
Visceroptosis, constipation, stasis ..	64	—	—	—	—	—	64
Herniæ	—	—	—	45	1	4	50
Of intestine, rectum, anus—other ..	17	1	—	19	—	3	40
Of liver and gall-bladder	5	—	2	31	1	—	39
Of peritoneum	—	—	—	9	—	1	10
Miscellaneous	13	2	4	—	—	—	19
Diseases due to disorders of nutrition or of metabolism	18	—	6	—	—	—	24
Diseases of the generative system—							
Of the male organs	—	—	—	95	2	1	98
Of the female organs	—	—	—	59	—	—	59
Pregnancy, parturition and puerperium—							
Normal and abnormal conditions ..	—	—	—	795	—	7	802
*Diseases of the organs of locomotion—							
Fibrositis group	9	—	—	—	—	—	9
Arthritis deformans	14	2	1	—	—	—	17
Osteomyelitis—acute and chronic ..	—	—	—	3	—	1	4
Miscellaneous	—	—	—	10	—	—	10
Diseases of the areolar tissue	—	—	—	43	—	1	44
Diseases of the skin	23	—	—	—	—	—	23
Diseases of the urinary organs—							
Nephritis	16	1	7	—	—	—	24
Pyelitis	38	—	—	—	—	—	38
Miscellaneous	12	—	—	18	—	3	33
Injuries—							
Superficial	—	—	—	51	—	—	51
Deep, internal and foreign bodies ..	—	—	—	44	1	2	47
†Shock or other general injury	—	—	—	18	—	—	18
†Cerebral concussion	—	—	—	67	—	—	67
†Cerebral contusion	—	—	—	12	1	3	16
Burns and scalds	—	—	—	29	—	5	34
Wounds—clean and septic	—	—	—	86	—	4	90
Septic conditions of the hand	—	—	—	26	—	—	26
Fractures and dislocations	—	—	—	242	3	11	256
Miscellaneous	—	—	—	4	—	1	5
‡Tumours, benign—							
Of the generative system	—	—	—	18	—	2	20
Of other organs and structures.. ..	—	—	—	7	—	—	7
Tumours, malignant—							
Of the digestive system	—	—	—	2	5	11	18
Of the generative system	—	—	—	2	4	1	7
Of the urinary organs	—	—	—	—	—	—	—
Of other organs and structures	—	—	—	2	3	5	10
Tumours—intra-cranial	—	—	—	—	—	—	—
Cysts	—	—	—	15	—	—	15
Malformations—congenital	1	—	3	3	—	1	8
Poisonings	18	—	3	—	—	—	21
For special investigation/treatment, etc.	6	—	—	38	—	—	44
Totals	729	39	122	3,335	24	113	4,362

* 1918 group-title retained. That for 1931 is: Diseases of bones, joints, muscles, fasciæ and bursæ.

† The majority of cases had additional and superficial injuries.

‡ 1918 classification of tumours retained.

Diseases and Conditions treated to a Conclusion.

(Grouped in order of frequency.)

	Treated.	Died.
Pregnancy, parturition and puerperium ..	802	7
Diseases of the ear, nose and throat ..	642	7
Diseases of the digestive system	623	41
Injuries—general and local	610	26
Births	491	22
Diseases due to infection	214	38
Diseases of generative organs	157	1
Diseases of the respiratory system	154	18
Diseases of urinary organs	95	10
Diseases of circulatory system	72	20
Diseases of areolar tissue and skin	67	1
Tumours	62	19
Diseases of the lymphatic system	59	1
Diseases of the nervous system	48	7
Diseases of organs of locomotion	40	2
Diseases of remaining groups	226	15
	—	—
Total treated ..	4,362 of whom	235 died.
	—	—

The total number treated to a conclusion at 4,362 compares with 3,972 in 1934. The increase is made up entirely of surgical and obstetric cases.

Although in many hospitals it is customary to divide cases into medical and surgical groups, the practice is open to criticism. It is apt to give a wrong impression of the amount of work performed in medical wards and by physicians. At this hospital these wards are always full and it is in them that much of the pre-operation investigation and preparation of surgical cases is carried out.

The first five groups of cases together constitute 73 per cent. of the total. Whilst in comparison with the 1934 figures the first, second and fifth groups show appreciable increases in numbers, the third group shows a very marked increase, due largely to the greater number of appendicitis cases treated. The fourth and eighth groups show respectively slight and marked decreases. Diseases and conditions of the first and fifth groups are dealt with in the Maternity Section of this report. Of 176 persons treated for aural diseases, 111 had acute, subacute or chronic mastoiditis.

In an attempt to relieve somewhat the continued pressure on beds, a larger proportion of injuries was treated in the out-patient department. Of the injuries treated as in-patients 210 were sustained in street accidents, a decrease of 62 on the 1934 figure and the lowest number so treated in any one of the past 8 years. This decrease would appear to be due to the Road Traffic Act of 1935. Fractures and dislocations, which together constitute 42 per cent. of the injuries treated in hospital, are analysed on the following page.

The proportion of entirely medical cases at 20 per cent. and their case mortality rate at 13·7 compare with 23 per cent. and 12·8 per cent. respectively in 1934. Of 890 medical cases, 112 had pneumonia, influenzal or primary.

Analysis of Fractures and Dislocations treated to a conclusion during the Year, their Nature, together with the Results of their In-patient and Out-patient Treatment secured before or at 31st December.

	Nature.		Result.					Totals.
	Simple.	Compound.	Very Good.	Good.	Medium.	Poor.	Died.	
Skull	7	5	9	3	—	—	—	12
Skull with concussion	3	1	3	1	—	—	—	4
Skull with cerebral contusion	8	10	12	2	—	—	4	18
Vertebræ	5	—	4	1	—	—	—	5
Ribs	13	—	12	1	—	—	—	13
Clavicle	5	—	5	—	—	—	—	5
Scapula	—	—	—	—	—	—	—	—
Humerus	15	1	14	1	1	—	—	16
Radius or ulna or both	20	1	18	3	—	—	—	21
Carpus, metacarpus or phalanges	—	8	3	1	4	—	—	8
Pelvis	3	—	3	—	—	—	—	3
Femur, neck or great trochanter	7	—	1	3	—	3	—	7
Femur, shaft or lower end	13	1	13	1	—	—	—	14
Patella	2	1	3	—	—	—	—	3
Tibia	18	—	18	—	—	—	—	18
Fibula	7	—	7	—	—	—	—	7
Tibia and fibula, simple	35	—	33	—	1	—	1	35
Tibia and fibula, compound	—	7	6	—	1	—	—	7
Tarsus, metatarsus or phalanges	9	2	10	—	1	—	—	11
*Multiple bony injuries, simple	16	—	6	3	1	1	5	16
*†Multiple bony injuries, compound	—	4	1	1	1	—	1	4
Fracture-dislocations, various	12	3	9	3	2	1	—	15
Separated epiphyses	6	—	5	1	—	—	—	6
Dislocations, various	3	—	3	—	—	—	—	3
Pathological, malunited, &c.	5	—	2	1	2	—	—	5
Totals.. .. .	212	44	200	26	14	5	11	256

* Multiple fractures of the vertebral column, hand and foot and cases of fractured ribs, tibia with fibula and radius with ulna are not included in this group unless associated with one or more fractures or dislocations elsewhere. Multiple fractures of the bones of the skull, face and nose are not classified as multiple.

† One or more injuries being compound, not necessarily all.

17 per cent. of the fracture and dislocation cases were of the compound variety.

Men	131, of whom	4 died.
Women	53, of whom	5 died.
Children under 16—male	51, of whom	1 died.
Children under 16—female	21, of whom	1 died.
Total	256, of whom	11 died.

Special Methods of Treatment applied under General or Spinal Anæsthesia to the above Cases.

Manipulation	86
Manipulation and fixation by plaster of Paris	35
Manipulation and fixation by plaster of Paris under screen	33
Transfixion-extension by pin or wire	38
Open operation followed by application of plaster of Paris	7
Amputation	7

In addition to the above, there were 120 applications of plaster of Paris without anæsthesia.

Amputations for the following cases of compound fracture were done—phalanges, 3 ; carpus, 1 ; tibia and fibula, 2 ; tarsus, 1—a total of 7 cases, all of whom survived.

In many cases more than one special method of treatment was applied to the individual.

Results of Treatment.

	1935.	1934.	1933.
Very good	200 = 78 per cent.	196 = 72 per cent.	182 = 71 per cent.
Good	26 = 10 „	31 = 12 „	28 = 11 „
Medium or poor ..	19 = 8 „	25 = 9 „	27 = 11 „
Died	11 = 4 „	19 = 7 „	19 = 7 „
	<hr/>	<hr/>	<hr/>
Totals	256 =100 „	271 =100 „	256 =100 „
	<hr/>	<hr/>	<hr/>

N.B.—The result of treatment is classified as “very good” only when the three following conditions are fulfilled :—

- 1. Little or no depreciation of function.
- 2. Anatomical alignment of fragments.
- 3. Shortening, if present, not exceeding half an inch.

The result of a fracture successfully treated by amputation is classified as medium.

Of 19 patients whose results were medium or poor, 7 had amputation ; 3 were transferred to the Infirmary before completion of treatment, on account of age and debility ; 1 was transferred to another general hospital ; 2 were self-discharged ; 2 had pathological fractures ; and the remaining 4 had respectively compound fractures of all fingers of one hand, fracture-dislocation of elbow, compound fracture-dislocation of wrist, fracture-dislocation of hip.

Cause of death—

Cerebral contusion or laceration	7
Shock	4
	<hr/>
Total fracture deaths	11
	<hr/>

The average length of stay of the 256 fracture and dislocation cases analysed above was 29 days, a decrease of 2 days. The average daily number of beds and cots occupied by these cases was 20, i.e., approximately 12 per cent. of the 166 beds and cots available.

The majority of these cases was sustained in street accidents. Their number and severity are accounted for by the fact that within the area served by this hospital are many arterial roads along which cars can, and do, travel at speeds greater than those possible on roads within more congested areas. Consequently, when a pedestrian or a person travelling on a cycle or by car is struck, it is, as often as not, with considerable violence. Thus it is that an appreciable proportion sustains multiple fracture (approximately 1 in 13 of those treated as in-patients) and 1 in-patient in 6 is of the compound variety.

During the year there were treated to a conclusion, and entirely as out-patients 207 cases of fracture and dislocation. These are not included in the above analysis and are additional.

Analysis of the 207 Out-patient Cases—

Of upper extremity	157
Of lower extremity	27
Of clavicle	17
Miscellaneous	6
	<hr/>
Total.. ..	207
	<hr/>

The total number of fracture and dislocation cases treated to a conclusion is therefore 463. In addition, there were 45 cases which received first aid and were referred elsewhere or not seen again, making a total of 508 fracture and dislocation cases treated during the year.

The Resident Surgeon has charge of all in-patient and out-patient fracture cases and holds orthopædic and fracture clinics twice weekly. Continuity of treatment, efficient after-care and unity of control are thus secured.

Attendances at the twice weekly orthopædic and fracture clinics at 2,547 compare with 1,687 made in 1934.

1. Department of Surgery.
Analysis of Operations performed during the Year.

	In-Patients.		Casualty and Out-Patients.		Nurses.		Totals.
	Major.	Minor.	Major.	Minor.	Major.	Minor.	
<i>General—</i>							
On skin and superficial structures ..	19	250	—	622	—	4	895
On arteries, veins and lymphatics ..	3	33	—	80	—	—	116
On nerves	1	1	—	—	—	—	2
On bones and joints	80	190	—	314	—	—	584
On muscles, tendons, bursæ and fasciæ	3	6	9	2	—	—	20
Amputations	2	6	—	8	—	—	16
On skull, brain and spine	3	—	—	—	—	—	3
On face	—	28	—	75	—	—	103
On eye	—	—	—	56	—	—	56
On mouth, pharynx and œsophagus..	—	3	—	1	—	—	4
On thyroid, accessory glands and neck	6	4	—	—	—	—	10
On breast	4	19	—	—	—	—	23
On thorax and contents	16	8	—	—	—	—	24
On abdominal wall and cavity	71	3	—	—	—	—	74
On stomach and duodenum	27	—	—	—	—	—	27
On intestine, rectum and anus	316	23	—	1	2	—	342
On liver, gall-bladder, pancreas and spleen	16	—	—	—	—	—	16
On kidney, and urinary tract	57	66	26	59	—	—	208
On male generative organs	7	103	—	8	—	—	118
On female generative organs	231	9	—	1	—	—	241
Unclassified	—	5	—	—	—	—	5
	862	757	35	1,227	2	4	2,887
<i>Special—</i>							
Obstetric	43	135	—	30	—	—	208
On ear, nose and throat	277	372	—	49	1	—	699
	1,182	1,264	35	1,306	3	4	3,794
Grand totals	2,446		1,341		7		

<i>Operations—</i>	
Major	1,220
Minor	2,574

<i>Operative Mortality Rates—</i>	
Per 100 major operations	3·5
Per 100 minor operations	0·16
Per 100 major and minor operations	1·24

When the period of anæsthesia for an operation classified as minor exceeds half an hour, that operation is deemed a major one.

Operations performed in Theatres—

	General.	Ear, Nose and Throat.	Totals.
By Resident Surgeon	650	80	730
By Aural Surgeon	2	536	538
By Visiting Surgeon	483	5	488
By other Resident Medical Officers	130	—	130
Totals	1,265	621	1,886

A detailed list of the operations performed during the year in the theatres, wards, casualty and out-patient departments would serve no useful purpose.

Below are given, under anatomical headings, the names and numbers of the operations most frequently performed.

On Skin and Superficial Structures (895)—

Toilet and suturing of wound	478
Toilet and tannic acid treatment of burn or scald .. .	41
Incision for abscess, cellulitis, boil or carbuncle .. .	154
For septic infection of hand .. .	108

On Bones and Joints (586)—

With few exceptions these were in connection with fractures and dislocations, and were performed in the wards by the Resident Surgeon. Some have been detailed below the analysis of fractures. Transfixions by pin and wire (44), open operations for reduction and fixation of fragments (11), manipulations of fragments (263), and applications of plaster of Paris (290) constitute the majority of the operations in this section.

On Abdominal Wall and Cavity (74)—

Herniotomy for inguinal and femoral herniæ (12 strangulated) .. .	46
Herniotomy for ventral and umbilical herniæ (1 strangulated) .. .	13
Laparotomy—exploratory and for adhesiolysis, peritonitis, abscess, etc... .	21

On Stomach, Duodenum, Intestine, Rectum, Anus, Gall-Bladder (385)—

For peptic ulcer (28 perforated) .. .	38
Enterostomy/colostomy, with/without resection .. .	6
Appendicectomy .. .	225
Appendicectomy with drainage .. .	76
Drainage of appendix abscess without appendicectomy . . .	3
Proctoscopy, sigmoidoscopy .. .	4
For ischiorectal and anal abscess .. .	10
Cholecystostomy, cholecystectomy .. .	16

On Kidney, Ureter, Bladder and Urethra (208)—

Cystoscopy (minor operation) .. .	74
Cystoscopy and ureteric catheterisation .. .	61
Nephrectomy, nephrotomy .. .	3

On Male Generative Organs (118)—

Suprapubic prostatectomy, diathermy of prostate .. .	8
For Paraphimosis .. .	7
Circumcision (minor operation) .. .	91

On Female Generative Organs (241)—

On ovary and/or tube .. .	11
For ectopic gestation .. .	12
Uterine curettage .. .	3
Uterine/vaginal plugging and/or glycerine injection .. .	24
Curettage for abortion .. .	145
Hysterectomy .. .	12
Vaginal plastic operation .. .	9

Laparotomy was performed 439 times. This number does not include herniotomies for inguinal and femoral herniæ and open operations on the kidney and bladder; 304 laparotomies were for appendicitis. During the year 286 persons were discharged or died after operations for appendicitis.

Analysis of Operations for Appendicitis performed on Patients treated to a Conclusion.

—	Males.			Females.			Totals.		
	Relieved.	Died.	Total.	Relieved.	Died.	Total.	Relieved.	Died.	Total.
Acute*	86	1	87	71	1	72	157	2	159
Acute with local peritonitis ..	13	—	13	11	—	11	24	—	24
Acute with local abscess ..	11	—	11	7	—	7	18	—	18
Acute with general peritonitis ..	15	1	16	16	2	18	31	3	34
Subacute, chronic or interval ..	19	—	19	32	—	32	51	—	51
Totals	144	2	146	137	3	140	281	5	286

* Appendices proved by section to be acutely inflamed.

Operative mortality-rate of 235 acute cases = 2·1 per cent. (3 per cent. in 1934.)

2. Department of Anæsthetics.

Unless contra-indicated an injection of omnopon-scopolamine, or nembutal by mouth is used as a routine measure for basal narcosis.

Analysis of Anæsthetics administered during the Year.

—	In-Patients.	Casualties and Out-Patients.	Dental.	Totals.
<i>General Anæsthesia—</i>				
By chloroform, ether or mixture ..	400	2	1	403
By ethyl chloride with/without ether ..	509	22	38	569
By nitrous oxide and oxygen	238	166	427*	831
By nitrous oxide, oxygen and ether ..	711	2	11	724‡
By sodium evipan	13	—	4	17
<i>Local Anæsthesia—</i>				
By application to mucous membrane ..	96	155	—	251
By freezing with ethyl chloride ..	4	30	1	35
By infiltration	76	7	7	90
Regional by infiltration and nerve block	9	—	5	14
<i>Spinal Anæsthesia—</i>				
By intrathecal injection	48	—	—	48
Totals	2,104	384	494	2,982

* Administered by the nasal route.

‡ Includes 118 administrations by the endo-tracheal route.

Summary.

General anæsthetics	2,544
Local anæsthetics	390
Spinal anæsthetics	48
Total	2,982

Of the general anæsthetics given to in-patients, 178 were administered in the wards and 111 in the maternity department.

Of 2,544 general anæsthetics given in theatres, departments and wards, 1,866 were administered by Dr. Attwood without a death.

There was one death under anæsthesia. This occurred in a boy, aged 3½, on completion of operation and 25 minutes after the anæsthetic was begun. Induction was by ethyl chloride and was followed by gas and oxygen. The appendix was gangrenous and the abdominal cavity full of pus. A post-mortem examination revealed the presence of a marked degree of toxic myocarditis.

3. Dental Department.

Analysis of Patients treated, Attendances made and Treatments given during the Year.

	Number treated.	Attendances for treatment.
Hospital in-patients	161	513
Infirmary patients	42	168
Ante-natal clinic cases	90	241
Other out-patients	35	302
Totals	328	1,224

For extractions under general anæsthesia*	468
„ „ „ local anæsthesia*	8
„ „ without anæsthesia	13
	----- 489
For osteotomies for buried roots and impactions ..	24
„ fillings	49
„ gum treatment and scaling	33
„ examination and advice	424
„ fractured jaw (6) and dislocation (1)	33
„ dental cysts (3) and epulis (2)	13
„ dentures (13) and repairs (7)	68
„ miscellaneous procedures	91

Total number of attendances ..	1,224

Total number of teeth extracted (permanent 2,166, deciduous 206)	2,372
Total number of temporary dressings	23
Total number of fillings in permanent teeth	1
Total number of fillings in deciduous teeth	25

* For analysis of dental anæsthetics, see under Department of Anæsthetics.

4. Radiological Department.

Hospital in-patients investigated	954
Infirmary patients investigated	84
Out-patients investigated	983

Total patients investigated	2,021

Analysis of Investigations made during the Year.

	Appearances.		Totals.
	Normal.	Abnormal.	
Skull for injury	132	53	185
Skull and contents for disease or deformity ..	48	60	108
Lungs and mediastinum	146	186	332
Pleuræ and pleural conditions	—	76	76
Heart and aorta	2	21	23
Œsophagus, stomach and intestines	100	86	186
Biliary passages	10	21	31
Urinary system	62	33	95
Generative system	36	15	51
Bones and joints for injury	445	967	1,412
Bones and joints for disease or deformity ..	70	120	190
Miscellaneous—for foreign bodies, etc. ..	37	40	77
Dental	30	80	110
Totals	1,118	1,758	2,876

Special Methods of Investigation.*

Barium meals	146
Barium enemata	21
Cholecystograms	32
Lipiodol injections	9
Pyelograms—retrograde	23
Urograms—intravenous	27
Screening the removal of a foreign body	1
Manipulation and fixation of fracture—	
Under fluorescent screen	5
Under screen and general anæsthesia	33
	297
Average number of investigations per patient	1.4
†Number of radiograms taken (567 being on X-ray paper)	5,677
†Average number of radiograms per investigation	2.1
†Average number of radiograms per patient	3
Number of dental radiograms taken	1,053

The number of patients investigated at 2,021 compares with 1,715 in 1934. Owing to an increase in the number of persons sent by their doctors for out-patient consultation, the number of radiological out-patient investigations has increased appreciably.

Of all investigations made during the year approximately 55 per cent. were in connection with injuries of the skull, bones and joints. Of the 1,118 investigations showing normal appearances 52 per cent. were made to prove the absence of fracture and/or for medico-legal purposes. The majority of the investigations of the skull and contents for disease or deformity was made in connection with cases of mastoiditis and diseases of the nasal accessory sinuses.

* Included in the above analysis of investigations and, therefore, not additional.
† Dental radiograms and dental patients excluded.

5. Massage and 6. Electro-Therapeutic and Light Departments.

Patients.	Massage.			Electro-Therapeutic.			Ultra-Violet Light.		
	In-patients.	Out-patients.	Total.	In-patients.	Out-patients.	Total.	In-patients.	Out-patients.	Total.
Remaining from 1934	25	34	59	10	12	22	4	3	7
Admitted to department	367	490	857	68	135	203	43	33	76
Remaining under treatment	27	31	58	3	16	19	1	4	5
Treated to a conclusion	365*	493	858	75	131	206	46	32	77
Treatments	5,548	5,630	11,178	1,602	1,998	3,600	396	355	751

Applications of radiant heat, made in conjunction with tannic acid in the treatment of burns and scalds, are not included.

Summary of Treatments.

Massage	11,178†
Electro-therapeutic	3,600‡
Ultra-violet light	751
	15,529

The treatments given in the above-named departments comprise—Massage and remedial exercises, galvanism, faradism, sinusoidal current, radiant heat and ultra-violet light by mercury vapour lamps.

* Of these, 129 were discharged to the out-patient massage department, where they received 2,248 of the 5,630 treatments given there.
† 981 given to patients in the Infirmary at Burnt Oak.
‡ 412 given to patients in the Infirmary at Burnt Oak.

7. Maternity Department.

I. ANTE-NATAL CLINIC.

Ante-natal sessions held	..	..	..	..	..	104
Expectant mothers examined	..	..	..	..	..	868
Total attendances	..	..	..	..	..	3,717
Average number seen per session	..	..	..	..	..	35.7
Average number of attendances per expectant mother	..	..	..	..	..	4.3
Women referred for dental treatment	..	..	..	..	..	147*
Women referred for pathological investigation	..	..	..	..	..	74
Women referred for radiological investigation	..	..	..	..	..	55

II. STATISTICAL TABLES AND ANALYSES OF CONFINEMENTS.

Analysis of the 512 Women Delivered who were discharged or who died during the year.

							Per cent.
Mother Admitted	..	Via ante-natal clinic	..	..	448	..	88
		As an emergency case	..	..	64	..	12
		Total	..	..	512		100
Civil State	..	Married	..	..	439	..	86
		Unmarried	..	..	73	..	14
		Total	..	..	512		100
Parous State	..	Primipara	..	..	301	..	59
		Multipara	..	..	211	..	41
		Total	..	..	512		100
Presentation	..	Vertex—occipito-anterior		..	480		
		Vertex—occipito-posterior		..	19		
		Breech—uncomplicated	..	..	2		
		Breech—complicated	..	..	12		
		Face	..	..	2		
		Transverse	..	..	2		
		Born before admission	..	..	3		
		Total	..	..	520		

There were 8 sets of twins—

Both vertex occipito-anterior	..	..	..	..	..	4 sets.
Vertex occipito-anterior and a breech	..	..	..	..	..	1 set.
Vertex occipito-anterior and a transverse	..	..	..	..	..	1 set.
Vertices occipito-posterior and anterior	..	..	..	..	..	1 set.
Breech and vertex occipito-anterior	..	..	..	..	..	1 set.

* Of these, 90 received their dental treatment at the hospital.

Induction of Labour.

Indication.	Number of Cases that had Induction.		
	Of Premature Labour.	At or After Term.	Totals.
Maternal toxæmia	4	14	18
Maternal disease	—	5	5
Ante-partum hæmorrhage	—	1	1
Bad obstetric history	—	4	4
Ruptured membranes	—	1	1
Disproportion	2	10	12
Post-maturity	—	4	4
Fœtal abnormality or death.. .. .	2	3	5
Totals	8	42	50

Induction of labour was undertaken in 50 cases (9·8 per cent. of labours). In 48 cases it succeeded and delivery was by natural forces :—

In 24 cases after one medical induction.

In 5 cases after two medical inductions.

In 11 cases after one or more medical inductions followed by bougies.

In 8 cases after a single surgical induction.

In not a case was the puerperium morbid.

In 2 cases induction failed (*see analysis below*).

There were 40 live births, 7 still-births and 4 neo-natal deaths.

Method of Delivery of the 520 Infants Born and Discharged.

Method of Delivery.	No. of Births.	Deaths.		
		Maternal.	Fœtal.	Neo-Natal.
Natural forces	429	1	10	13
Natural forces after induction	49	—	6	4
Manual.. .. .	2	—	1	—
Manual, complicated breech	7	—	5	—
Manual after induction for dead fœtus	1	—	1	—
Forceps	13	—	—	2
Forceps after failed forceps.. .. .	2	1	1	—
Version.. .. .	2	—	2	—
Traction-extension to scalp.. .. .	2	—	—	1
Cæsarean section	9	—	—	—
Cæsarean section after induction	1	—	—	—
Embryotomy	3	1	3	—
Totals	520	3	29	20

Midwives delivered 477 women

Doctors delivered 35 „

Midwives sought medical assistance for 93 „

Forceps-rate 2·9 per 100 births.

Maternal morbidity-rate after forceps (booked cases) Nil.

Anæsthetics given for obstetric purposes 111

Average length of lying-in period in days 13

Pregnancy and Labour.

Conditions of both pregnancy and labour normal.. 356 .. 69·5 per cent.

Conditions of either or both abnormal 148 .. 28·9 „

Multiple cyesis and labour, normal and abnormal 8 .. 1·6 „

Total 512 100 „

Obstetric Operations performed during the Year.

Surgical induction	19
Artificial Rupture of Membranes	10
Internal version	2
Manual delivery under general anæsthesia	10
Episiotomy and repair	11
Traction-extension to scalp under general anæsthesia	2
Application of forceps	15
Cæsarean section.. .. .	7
Cæsarean section and sterilisation	2
Embryotomy	3
Manual removal of placenta and/or membranes	3
Repair of perineum—tear grade 1	50
tear grade 2	44
tear grade 3	94
Total.. .. .	178

Indications for which Cæsarean sections were done :—

Indication.	Booked.	Emergency.	Totals.
Contracted pelvis and disproportion	6	—	6
Contracted pelvis and sterilisation	2	—	2
Placenta prævia	1	—	1
Totals	9	—	9

In each case the classical operation was done.
There was not a maternal, foetal or neo-natal death.

Maternal Morbidity.

The figures given under this head relate to women admitted to the maternity department for delivery and to booked cases delivered before admission. Of this group all who had pyrexia in the puerperium (Ministry of Health standard) and all who died after delivery or undelivered are included as morbid.

Cases of abortion and ectopic gestation are not admitted to the department. The maternal morbidity of cases of abortion is given under the head of abortion. No case of ectopic gestation was morbid.

—	Booked.	Emergency.	Totals.
Pyrexial cases that survived	9	1	10
Pyrexial cases that died	—	3	3
Non-pyrexial maternal deaths	—	—	—
Pyrexial cases and maternal deaths	9	4	13
Number of women delivered.. .. .	448	64	512
Maternal morbidity-rate per 1,000 delivered	20·1	62·5	25·4

Pyrexia in the Puerperium.

The Ministry of Health standard of puerperal pyrexia is adopted.
Unless there is definite evidence to the contrary every case of pyrexia occurring in the puerperium is assumed to be due to uterine infection.
In addition to the conditions generally accepted as sequelæ of uterine infection, the following, when they occur in the puerperium, are returned also under that head :—thrombosis, thrombophlebitis, phlegmasia alba dolens, pulmonary embolus, pneumonia and broncho-pneumonia.
During the year 13 cases of pyrexia in the puerperium occurred. 10 recovered and were discharged ; 3 died.

Analysis of the 13 Puerperal Pyrexial Cases.

Register No.	Age.	Gravida.	Maturity. (weeks).	Complication of Labour and/or Maternal Complication.	Method of Delivery.	Pyrexia.*		Cause of Pyrexia.	Cervical Swabbing.	Duration of Pyrexia in days.†	Births.
						Date of Onset.	Day of Puer- perium.				
1	19	1	40	None	Natural forces	25 Dec. ..	7	Uterine infection ..	N.G.	4	Live.
119	21	2	40	"	"	11 Mar. ..	3	Septic cervical tear ..	D.B.	3	"
147E	28	1	36	Influenzal pneumonia	"	30 Mar.‡	—	Influenzal pneumonia	—	6	"
198	22	1	38	None	"	30 Apr. ..	9	Mastitis ..	—	5	"
238E	26	1	40	Persistent occipito-posterior	Forceps** ..	15 May ..	1	Uterine infection ..	H.S.	28	"
244	18	1	40	None	Natural forces	4 June ..	5	" ..	S.A.	4	"
296E	25	1	40	Abnormal multiple labour ..	Craniotomy	25 " ..	4	" ..	S.Au.	21	B.B.A.& S.B.
323	38	4	37	Incomplete placenta prævia	Manual breech	23 July ..	1	" ..	S.A.	14	S.B.
330	23	2	40	Contracted pelvis	Cæsarean ..	14 Aug. ..	14	Mastitis ..	—	2	Live.
348	31	2	40	Previous puerperal peritonitis	Natural forces	16 " ..	8	B. coli pyelitis ..	S.A.	9	"
397E	30	1	40	Toxæmia	Forceps** ..	2 Sept. ...	6	Uterine infection ..	H.S.††	32	S.B.
473	33	3	36	Cæsarean section twice ..	Cæsarean ..	7 Nov. ...	3	Wound sepsis ..	—	12	2 Live.
483	32	1	40	Contracted pelvis	" ..	14 " ..	5	Uterine infection ..	S.Au.	10	Live.

* Date and day of the second recording of a temperature of 99° F. or over. In every case the date given here is earlier than that on which the pyrexia became notifiable.
† From date of onset to date of settlement at normal. E after a register number indicates an emergency case. D.B.—Diphtheroid bacillus.
‡ Date of delivery, pyrexia pre-existed. ** After failed-forceps. H.S.—Hæmolytic streptococci (S. pyogenes). S.A.—Staphylococcus aureus.
B.B.A.—Born before admission. †† On admission. S.Au.—Staphylococcus aureus.

Summary of the 13 pyrexial cases.

Uterine infection (puerperal fever)	..	..	..	8
Breast condition	..	..	..	2
Influenzal pneumonia	..	..	..	1
Pyelitis	..	..	..	1
Abdominal wound sepsis	..	..	..	1
Total	..	..	..	13

10 cases recovered and were discharged, 3 cases died. Of the 13 women who had pyrexia in the puerperium, 8 were primiparæ.

Maternal Deaths.

Register No.	Age.	Gravida.	Maturity.	Complication of Labour and/or Maternal Complication.	Method of Delivery.	Class I.*	Class II.*	Group 1.*	Group 2.*	Births.
147 E	28	1	36	Influenzal pneumonia	Natural forces	—	Yes	—	Yes	Live.
238 E	26	1	40	Persistent occipito-posterior	Forceps after failed-forceps	Yes	—	Yes	—	Live.
296 E	25	1	40	Multiple abnormal labour	Craniotomy	Yes	—	Yes	—	1 Live.
3						2	1	2	1	3

The three maternal deaths occurred in emergency cases. Case 147E was admitted 5 days after the onset of influenzal pneumonia and forthwith had a spontaneous delivery of a premature infant. A post-mortem examination revealed massive consolidation of the right lung, confluent broncho-pneumonia in the left lung and normal appearances of the uterus. Case 238E was admitted after her own doctor had failed to deliver her by forceps under chloroform anæsthesia. Four hours after admission and under gas and oxygen anæsthesia manual rotation of a persistent occipito-posterior presentation was done and a live infant delivered by forceps. She died from puerperal septicæmia 28 days later. Case 296E was admitted 6 hours after the instrumental delivery of the first twin under chloroform anæsthesia. Her perineum was ruptured. The second twin was found to be dead and the lie a complex transverse. Under gas, oxygen and ether anæsthesia it was delivered by craniotomy. Five days later staphylococcus aureus was found in the blood stream. She died from puerperal septicæmia 24 days after delivery.

Maternal Mortality Rates.

Per 1,000 Booked cases delivered	= Nil
Per 1,000 Emergency cases delivered	= 47·0
Per 1,000 Total cases delivered	= 5·9

* Vide Final Report of Departmental Committee on Maternal Mortality and Morbidity, 1932. Class I.—Deaths directly due to childbearing (abortions and ectopics are not included here); Class II.—Death due to an independent disease; Group 1.—Cases showing a primary avoidable factor; Group 2.—Case showing no primary avoidable factor. E after a register number indicates an emergency case.

III. MATERNITY INFANTS' REPORT.

Births.							Per cent.	
Full time	..	..	..	..	..	..	444	85.4
Premature	..	..	..	..	..	..	47	9.0
Stillborn	..	..	..	..	..	..	29	5.6
Total births							520	100

Average weight at birth of infants—booked cases 7 lbs. 2 ozs.
Average weight at birth of infants—emergency cases .. 6 lbs. 3ozs.
Infants not entirely breast fed 34

Stillbirths.

Details of the 29 Stillbirths.

Reg. No.	Maternal Complication.	Method of Delivery.	Infant.	Summary No.	Cause of Foetal Death.
Booked (13)—					
148	Chronic rheumatic carditis ..	Natural forces ..	P.M.‡	1	Maternal disease.
95	Toxæmia of pregnancy ..	„ ..	F.T.	1	Maternal toxæmia.
212	„ „ ..	Natural forces*..	F.T.M.	1	„ „
420	„ „ ..	Natural forces*..	P.	1	„ „
110	None	Natural forces ..	F.T.	2	Intra-cranial hæmorrhage.
256	Persistent occipito-posterior	„ ..	F.T.	2	„ „
440	„ „	Natural forces*..	F.T.	2	„ „
323	Incomplete placenta prævia	Manual	P.	2	Detached placenta.
429	Normal breech	„ ..	F.T.	2	Foetal asphyxia.
415	Incomplete placenta prævia..	„ ..	F.T.	4	Hydramnios.
378	Face presentation	Natural forces*..	P.	4	Anencephaly.
24	None	Natural forces ..	P.M.	5	Unknown.
495	„	„ ..	F.T.	5	„
Emergencies (16)—					
185	Eclampsia	Manual	P.	1	Maternal toxæmia.
194	Toxæmia of pregnancy ..	Natural forces ..	P.	1	(Placental disease.)
410	„ „ ..	Natural forces*..	P.M.	1	Maternal toxæmia.
307	Chronic nephritis	Natural forces ..	P.	1	Ante-partum hæmorrhage.
288	Incomplete placenta prævia	Manual	F.T.	2	Intra-cranial hæmorrhage.
303	„ „	Natural forces ..	P.	2	Detached placenta.
370	„ „	Manual	F.T.	2	„ „
151	Complete placenta prævia ..	Version	P.	2	„ „
368	Contracted pelvis	Embryotomy ..	F.T.	2	Complication of labour.
108	Complicated breech	Manual*	P.M.	2	(Placental disease.)
14	Transverse presentation ..	Version	P.	2	Complication of labour.
296	„ „	Craniotomy ..	P.	2	„ „
340	Persistent occipito-posterior	Embryotomy ..	F.T.	2	„ „
397	Toxæmic psychosis	Forceps† ..	F.T.	2	Intra-cranial hæmorrhage.
27	None	Natural forces ..	F.T.M.	3	Placental disease.
106	„	Natural forces*..	F.T.M.	5	Unknown.

F.T. — Full-time ; F.T.M. — Full-time macerated ; P — Premature ; P.M. —Premature, macerated.
* After induction. † After failed-forceps before admission. ‡ Second twin.

Summary of primary causes of stillbirths.*

Summary No.	Cause of Stillbirth.	Booked.	Emergency.	Totals.
1	Maternal conditions	4	4	8
2	Complications of labour	5	10	15
3	Placental conditions	—	1	1
4	Fœtal conditions	2	—	2
5	Unknown	2	1	3
Totals		13	16	29

* Vide “Causation of Fœtal Death,” a survey by Holland and others published by the Ministry of Health. “The primary cause of stillbirth is the initial or primary condition which set in train other states which may have had the direct effect of killing the fœtus.”

Neo-Natal Deaths.

Details of the 20 Neo-Natal Deaths (deaths within 4 weeks of birth).

Reg. No.	Cause of Death.	Maternal Complication.	Method of Delivery.	Weight at Birth.	Age.
Booked (13)—				lbs. ozs.	
113	Prematurity ..	Toxæmia	Natural forces* ..	2 9	20 mins.
201	„ ..	Incomplete plac. præ. ..	Natural forces ..	3 4	5 days.
30	„ ..	Contracted pelvis ..	Natural forces* ..	3 5	9 hours.
481	„ ..	None	Natural forces ..	3 8	4 „
487	„ ..	„	„ ..	2 8	15 mins.
209	Exomphalos ..	„	„ ..	5 10	3 days.
239	Anencephaly ..	„	Natural forces* ..	8 8	5 mins.
436	Spina bifida ..	„	Natural forces ..	6 12	13 days.
373	Tentorial tear ..	Incomplete plac. præ. ..	Forceps	6 10	3 „
141	„ „ ..	Contracted pelvis ..	„	7 7	5 mins.
191	„ „ ..	None	Natural forces ..	4 7	4 „
475	„ „ ..	„	„ ..	8 6	15 „
498	Gastritis ..	„	„ ..	6 6	15 days.
Emergencies (7)—					
147	Prematurity ..	Influenzial pneumonia ..	Natural forces ..	4 6	9 days.
315	„ ..	Incomplete plac. præ. ..	Natural forces* ..	3 12	5 hours.
462	„ ..	„ „ ..	Scalp-traction ..	4 10	6 „
79	„ ..	Acute hydramnios ..	Natural forces* ..	5 2	3 days.
54	„ ..	None	Natural forces ..	4 2	26 hours.
265	„ ..	„	„ ..	1 10	35 „
476	Tentorial tear ..	Toxæmia	Natural forces* ..	6 4	5 mins.

* After induction.

Summary of causes of Neo-Natal Deaths.

	Booked.	Emergency.	Totals
Prematurity	5	6	11
Congenital abnormality	3	—	3
Birth injury	4	1	5
Post-natal disease	1	—	1
Totals	13	7	20

Infantile Mortality Rates.

		Per cent.
Of 520 infants born	29 were stillborn and 20 died	= 9·4
Of 491 infants born alive	20 died within 4 weeks of birth	= 4·1
Of 47 premature infants born alive	12 „ „ „	= 25·5

IV. ANALYSIS OF CASES OF NORMAL AND ABNORMAL PREGNANCY, PARTURITION AND PUERPERIUM
TREATED TO A CONCLUSION IN MATERNITY AND OTHER WARDS DURING THE YEAR.

	Booked.	Emergencies.	Totals.
Pregnancy, normal	5	3	8
Pregnancy and spurious labour pains	25	2	27
Toxæmia of pregnancy	15	4	19
Ectopic gestation	—	12	12
Pregnancy and ante-partum hæmorrhage	1	4	5
Pyelitis of pregnancy	2	8	10
Other affections connected with pregnancy	1	1	2
For special investigation/treatment	22	1	23
Abortion, threatened	—	6	6
„ incomplete and complete	3	132	135
„ missed	1	—	1
„ with post-abortion infection/sequela	—	28	28
Labour, normal	332	24	356
„ normal and toxæmia of pregnancy	15	1	16
„ normal and affection connected with pregnancy	9	9	18
„ abnormal	61	15	76
„ abnormal and toxæmia of pregnancy	18	5	23
„ abnormal and affection connected with pregnancy	7	8	15
„ multiple	6	2	8
Puerperium, normal*	4	2	6
Affections consequent on parturition*	—	8	8
Totals	527	275	802

Among the 802 cases analysed above there occurred 7 deaths. Details of 3 of these are given under the head of maternal deaths. The remaining 4 occurred in emergency cases ; one was due to pre-natal eclampsia ; one to pulmonary embolus consequent upon puerperal sepsis after delivery in her own home 5 weeks before admission to hospital, and 2 to septicaemia consequent upon incomplete abortion.

Abortion.

(Therapeutic inductions and cases of threatened abortion are not included.)

Cases treated to a conclusion	164
Pyrexial cases that survived	21
Pyrexial cases that died	2
Pyrexial cases and deaths	23
Maternal morbidity rate per 1,000 women who aborted	140·2

V. POST-NATAL CLINIC.

	Mothers.	Infants.	Totals.
Number of patients	105	207	312
Number of attendances	170	351	521

* Admitted and treated as such.

8. Pathological Department.

ANALYSIS OF EXAMINATIONS MADE DURING THE YEAR.

Examination made at	BACTERIOLOGY.										BIOCHEMISTRY																							
	Blood Culture.	Cerebrospinal Fluid.	Urine.	Fæces.	Exudates.	Pus.	Sputum.	Swabbings.	Examinations for Gonococci.	Vaccines—Autogenous.	Animal inoculations.	Blood					Cerebrospinal Fluid					Urine.					Fæces.	Stomach Contents.						
												Sugar.	Sugar Tolerance Curve.	Urea.	Calcium.	Cholesterol.	Van den Bergh.	Other.	Protein.	Globulin.	Chloride.	Sugar.	Urea.	Lange's Test.	Sugar Estimation.	Urea Concentration Test.			pH.	Other.	Occult Blood.	Fats.	Test Meal.	Test Meal—fractional.
Redhill County Hospital ..	6	21	217	6	17	49	126	50	36	—	—	36	2	105	—	—	—	—	14	14	26	6	—	—	6	16	2	95	53	—	3			
Other hospitals*	9	13	35	45	21	54	—	236	6	2	7	—	—	—	—	1	—	13	13	7	6	1	14	—	—	—	—	—	—	—	—			
Totals ..	15	34	252	51	38	103	126	286	42	2	7	36	2	105	—	—	—	—	27	27	33	12	1	14	6	16	2	95	53	—	3			

NOTE.—A serial or group investigation, such as a fractional test-meal, blood-sugar curve, urea concentration test or a Widal reaction (for the whole enteric group and b. abortus) is entered as one investigation. A routine investigation of cerebro-spinal fluid is entered under 3 headings, viz., bacteriology, biochemistry and microscopy.

* North Middlesex County Hospital, University County Hospital and Pregnancy Diagnosis Laboratory, Edinburgh.

Examinations made at	OTHER CLINICAL PATHOLOGY.															MORBID ANATOMY.											
	Hæmatology.										Serology.					Microscopy and General.					Histology.	Autopsy.					
	Full Count.	Red Cells and Hæmoglobin.	White Cell Count and Differential.	Reticulocyte Count.	Platelet Count.	Red Cell Fragility.	Bleeding Time.	Coagulation Time.	Sedimentation Test.	Blood Grouping.	Blood Compatibility.	Widal Reaction.	Bacterial Agglutinations	Complement Fixation Test Ge.	Wassermann Reaction—Blood.	Wassermann Reaction—C.S.F.	Urine.	Fæces.	Cerebrospinal Fluid.	Exudates and other Fluids.	Parasitic Infections.	Hair for Ringworm.	Other Examinations.	Surgical Specimens.	Post-mortem Specimens.	Hospital Cases.	Other Cases (Stillbirths, B.I.D.'s).
Redhill County Hospital	107	191	89	3	6	2	8	8	—	78	40	—	—	—	—	—	837	—	21	24	—	—	—	—	—	106	41
Other Hospitals	—	—	—	—	—	—	—	—	—	—	—	18	—	13	104	27	—	1	14	18	—	—	—	113	48	—	—
Totals	107	191	89	3	6	2	8	8	—	78	40	18	—	13	104	27	837	1	35	42	—	—	—	113	48	106	41

Summary of the Examinations made during the Year.

	At Redhill County Hospital.	At other Hospitals.	Totals.
Bacteriology	528	428	956
Biochemistry	378	55	433
Other clinical pathology	1,414	195	1,609
Morbid anatomy	147	161	308
Totals	2,467	839	3,306

Hospital autopsy rate = 45 per cent.

9. Ear, Nose and Throat Department.

Analysis of Operations performed during the Year.

For aural furuncle, foreign body in ear, etc.	10
Paracentesis tympani	18
Paracentesis and removal of tonsils and/or adenoids	9
Mastoidectomy—(Schwartz, 109 ; complete radical, 23)	132
Mastoid cauterisation, curettage, plastic (1), etc.	20
Submucous resection of septum	17
Antral puncture and wash-out	37
On nasal sinuses—various	6
Cauterisation of nasal mucosa	5
Removal of tonsils and adenoids by guillotine	310
Removal of tonsils by dissection	105
Removal of tonsillar remains by dissection	13
Dissection of tonsils and turbinectomy	2
Quinsies opened	4
Bronchoscopy	1
Mastoid/aural, examination/dressing under general anæsthesia ..	8
Miscellaneous	2
Total	699

The enucleation of tonsils and adenoids by blunt guillotine (Sluder method) is classified as a minor operation.

On completion of a mastoidectomy, adenoidectomy, if indicated, is performed as a routine procedure. Additional operations such as this are not included in the above analysis.

Operative Mortality.—There were 5 operation deaths. Case 299—A boy of 3½ died of shock on the day of admission and after a right-sided Schwartz mastoidectomy. He had bilateral acute mastoiditis, bronchopneumonia, septic wound of knee and profound toxæmia. From the mastoid swabbing pneumococcus type III was grown. Case 1463—A male infant of 9 weeks died four days after an exenteration of the left mastoid cell-group. There was a history of 14 days' otorrhœa and some gastro-enteritis. Acute necrosis of the mastoid cortex and cells was found. Case 1578—A woman of 30 had a right-sided Schwartz operation done forthwith on admission. The mastoid cells contained thick yellow pus and there was a marked degree of periphlebitis of the sigmoid sinus. The casual organism was the pneumococcus type III. Eleven weeks previously myringotomy for acute otitis media (right) had been done and, after a holiday at the seaside, the condition apparently

had cleared up. Four days before admission she had left off clothing and "caught a chill." On admission she complained of intense frontal headache. She died of meningitis on the fifth day after operation. Case 363—A man of 35 died of meningitis on the fourth day after a complete radical mastoidectomy (left). On admission he complained of intense frontal headache, pain in the left side of the head and vertigo. A stinking otorrhœa had existed for many years. A large cholesteatoma eroding the labyrinth was found. Case 164—A man of 40, on whom a complete radical mastoidectomy had been performed two months previously, was admitted with cerebral symptoms of sudden onset. Exposure of the posterior fossa revealed meningitis. He died that day. A post-mortem examination showed there to be basal meningitis. The lateral sinus and internal jugular vein were found to be soundly obliterated and the dura appeared to be healthy. The mastoid cavity was clean.

10. Therapeutic, Diagnostic and Prophylactic Procedures.*

Analysis of Special Procedures.

Injection of serum or vaccine	649
Injection of saline, subcutaneous and intraperitoneal	17
Autohæmotherapy	29
Blood transfusion (auto. and hetero.)	38
Intravenous injection of saline or drug	68
Venesection	5
Lumbar puncture	74
Paracentesis of pleural cavity	54
Paracentesis of abdominal cavity	1
Gastric lavage	30
Jennerian vaccination	186
<hr/>	
Total	1,151
<hr/>	

* None of these has been included in the foregoing lists of operations.

12. Nurses' Sick Room.

Complement of nurses at 31st December	..	..	..	..	..	96
Average daily complement of nurses	..	..	..	..	..	89.7
Average daily complement of nurses available for duty	..	..	..	..	..	88.1
Nurses off duty sick during the year	..	..	..	..	..	42*
Nursing days lost (sick leave included)	..	..	..	..	..	721
Average number of nursing days lost per annum—						
Per sick nurse	..	..	..	..	..	17.2
Per nurse of the average daily complement	..	..	..	..	..	8

Based on the figure of the average daily complement 47 per cent. of the nursing staff was admitted to the sick room in 1935. This compares with 46 per cent. in 1934 and 60 per cent. in 1933. In 1934 the average number of nursing days lost per nurse of the average daily complement was 7.3.

Disabilities.	No.	Major Operations.	Minor Operations.
Ear, nose and throat conditions	11	1	—
Septic conditions of skin and areolar tissue	11	—	—
Intestinal conditions	8	2	—
Septic conditions of finger	7	—	2
Injuries	7	—	—
Lymphadenitis	2	—	2
Infectious diseases	2	—	—
Eye conditions	1	—	—
Miscellaneous	5	—	—
Totals.. .. .	54	3	4

* 8 nurses off duty twice, 2 nurses off duty thrice, making 54 admissions to the nurses' sick room.

Comparative Tables.

	1933.	1934.	1935.
Beds—complement at 31st December	215	215	215
„ average daily complement	215	215	215
„ average daily number available	209·6	206·2	211·8
„ average daily number occupied	192	185	192
Average daily percentage of available beds occupied ..	91·7	89·7	90·7
Patients per occupied bed—average number per annum..	19·7	21·5	22·7
Nursing staff—average daily complement	81·9*	89·3†	89·7‡
Occupied beds—average number per nurse.. .. .	2·3*	2·1†	2·1‡
Admissions—average daily number	10·4	10·8	12·3
„ percentage by Medical Superintendent	48·6	47·8	49·2
On danger list—average daily percentage	12·2	14·3	14·5
Length of stay—average in days per patient	18·6	16·7	16·1
Medical cases	810	901	890
Surgical cases	2,972	3,071	3,472
Total cases treated to a conclusion	3,782	3,972	4,362
Patients—cured per cent.	73·3	69·7	75·6
„ relieved „	19·5	22·6	17·5
„ unrelieved „	1·5	1·8	1·5
„ died „	5·7	5·9	5·4
Operations—major	952	928	1,220
„ major and minor	2,888	3,048	3,794
Anæsthetics—general	2,071	2,205	2,544
Dental patients	286	355	328
„ attendances for treatment	1,022	1,129	1,224
Radiological investigations	2,685	2,498	2,876
Massage treatments	8,441	10,040	11,178
Electro-therapeutic and light treatments	2,884	3,642	4,351
Ante-natal clinic—women examined	655	657	868
„ „ „ attendances	2,330	2,723	3,717
Confinements	474	460	512
Maternal mortality rate per 1,000 delivered	6·3	8·7	5·9
Maternal morbidity rate per 1,000 delivered	58·9	43·4	25·4
Births	484	464	520
Stillbirth rate per cent.	3·9	4·5	5·6
Infantile mortality rate per 100 total births	7·9	7·1	9·4
Infantile mortality rate per 100 born alive	4·1	2·7	4·1
Pathological investigations	1,966	2,148	3,306
Casualties and out-patients	4,673	5,840	7,390
Casualty and out-patient attendances	18,716	23,796	29,849

* Includes Matron, 13 sisters and nurses not employed in the wards and 3 masseuses. (Total, 17.)
† „ 14 „ „ „ „ „ 3 „ (Total, 18.)
‡ „ 16 „ „ „ „ „ „ 4 „ (Total, 21.)

APPENDIX III.

ANNUAL REPORT ON THE WORK OF CENTRAL MIDDLESEX COUNTY HOSPITAL
DURING 1935, PREPARED BY THE MEDICAL SUPERINTENDENT.

Staff.

WHOLE-TIME MEDICAL STAFF.

*Medical Superintendent.**(Vacant.)**Deputy Medical Superintendent and Surgeon.*

T. G. I. James, M.Ch., F.R.C.S. (Eng. and Ed.).

Physician.

H. Joules, M.D., M.R.C.P.

Surgeon.

N. M. Matheson, M.B., B.Ch., F.R.C.S. (Eng.), M.R.C.P.

Assistant Medical Officers.

A. D. Abdullah, M.B., Ch.M., M.R.C.P.

J. Sakula, M.B., B.S.

J. S. MacVine, M.B., B.S., M.C.O.G.

H. Canwarden, M.R.C.S., L.R.C.P.

VISITING MEDICAL STAFF.

Radiologist.

A. Flett, M.D., D.M.R.E.

Electro-Therapist.

C. A. Robinson, M.A., M.B., B.Ch., D.M.R.E.

Psychiatrist.

G. W. Shore, O.B.E., M.D., B.S., D.P.M., D.P.H.

Dental Surgeon.

W. Moodie, L.R.C.P., L.R.C.S., L.D.S.

NURSING STAFF.

Matron—Miss B. Gebhard.*Nurses*—284 (including midwives and male nurses).**General Observations.**

This year has been a noteworthy one in many ways. There have been several changes in the Medical Staff.

Dr. W. E. Turner, the Medical Superintendent, resigned on 30th November owing to ill-health. Dr. Turner commenced his associations with the hospital in 1906, and had worked strenuously for the welfare of its patients for 29 years, and to his skill and personality much of the present success and good reputation of the hospital is due.

During his tenure of office there had been many changes in the development of the hospital and he co-operated loyally in the new associations. His health had been a source of great anxiety in the last few years, necessitating long periods away from the hospital. It is hoped that his retirement will be followed by a restoration of his health.

Dr. Harold Carter, Medical Superintendent of Mill Road Infirmary, Liverpool, was appointed to succeed Dr. Turner, and takes up his duties early in 1936.

Earlier in the year certain new appointments were made: Mr. T. G. I. James was appointed Senior Surgeon, and Dr. Horace Joules, Physician to Selly Oak Hospital, was appointed Senior Physician; Mr. N. M. Matheson was appointed Surgeon.

With these appointments there has been a re-organisation of the work of the hospital, which will lead to an increased efficiency. Follow-up and out-patient departments have been inaugurated for medical and surgical cases, and are now working satisfactorily.

A weekly psychiatric clinic under the charge of Dr. G. W. Shore, Medical Superintendent of Shenley Mental Hospital, has been in operation for six months, and has proved of very great value.

The introduction of male and female receiving rooms has greatly facilitated the work entailed in the admission of patients.

During the year a period of special leave was granted to Mr. T. G. I. James. This was spent in the neurosurgical department of the London Hospital. Facilities and equipment for dealing with neurosurgical cases are now available at this hospital.

Other new equipment added during the year include a Cambridge electrocardiograph, and various apparatus for the modern treatment of fractures, all of which are proving valuable in the treatment of patients.

There have been certain structural developments in the hospital during the year. A new lift in the female chronic ward has eased considerably the work entailed in moving patients. Part of the new extension of the nurses' home, including kitchens and dining room, have been completed, and was in occupation at the end of the year.

There has been a large increase in the work of all departments of the hospital. There has been great pressure on the beds in the children's and maternity wards. The increase in the ante-natal work has necessitated another ante-natal clinic.

The Nurses' Training School has had a very successful year :—

	Entries.	Successes.
County Nurses' Examination	15	14
State Examination—Final	11	10
Certificate of Central Midwives Board	20	19

Beds.

	Males.	Females.	Children's Cots.
Acute medical	117	142	36
Acute surgical	70	50	38
Chronic sick (including 23 feeble minded)	94	183	—
Mental (short stay)	3	3	—
Tuberculosis	9	8	—
Maternity	—	28	28
Nursery	—	10	40
Totals	293	424	142

Total number of beds 859

Daily average number of beds occupied 798
Maximum number of beds occupied 856—on Feb. 22nd, 1935.
Minimum number of beds occupied 741—on Sept. 14th and 15th 1935.

Statistical Tables for the Year ended 31st December, 1935.

Remaining in hospital, 1st January, 1935	817
Admitted	6,662
Born in hospital	708
	8,187
Discharged	6,331
Died	1,047
Patients treated to a conclusion during the year	7,378
Remaining in hospital on 31st December, 1935	809

Classification of Patients Treated to a Conclusion.

Male infants under 3	..	..	..	..	..	711	
Boys, 3-16	..	..	..	..	..	367	
Men	..	..	..	..	..	1,948	
							3,026
Female infants under 3	..	..	..	..	..	626	
Girls, 3-16	..	..	..	..	..	266	
Women	..	..	..	..	..	3,460	
							4,352
Total	..	..	..	..	..		7,378

1.—TABLE SHOWING DURATION OF STAY OF THE 7,378 PATIENTS TREATED TO A CONCLUSION DURING THE YEAR.

Four weeks or less	..	..	..	..	..	5,582
Exceeding four weeks but under thirteen weeks	..	..	..	..	..	1,413
Exceeding thirteen weeks	..	..	..	..	..	383
Total	..	..	..	..	..	<u>7,378</u>

II.—TABLE SHOWING WHITHER THE 7,378 PATIENTS WERE DISCHARGED.

Home	..	..	..	..	..	..	..	5,825
To other public assistance institutions	..	..	..	..	..	..	..	141
Fever hospitals	..	..	..	..	..	..	..	52
Sanatoria	..	..	..	..	..	..	..	25
Convalescent homes	..	..	..	..	..	..	..	33
Mental hospitals	..	..	..	..	..	..	..	242
Died	..	..	..	..	..	..	..	1,047
Voluntary hospitals	..	..	..	..	..	..	..	13
Total	..	..	..	..	..	..	..	7,378

III.—TABLE SHOWING THE RESULTS OF TREATMENT OR THE TERMINATION.

								Per cent.
Cured	..	..	..	..	..	..	4,644	62·94
Relieved	..	..	..	..	..	..	1,112	15·89
In <i>statu quo</i>		..	..	..	..	..	515	6·98
Died ..	..	..	..	..	..	..	1,047	14·19
							7,378	100·00

Deaths.

Ages.					Male.	Female.	Total.
Under 1 year	..	..	..	..	71	38	109
1-5 years	..	..	..	..	8	12	20
5-10 years	..	..	..	..	4	7	11
10-15 years	..	..	..	..	5	4	9
15-20 years	..	..	..	..	3	9	12
20-30 years	..	..	..	..	24	24	48
30-40 years	..	..	..	..	24	29	53
40-50 years	..	..	..	..	38	41	79
50-60 years	..	..	..	..	79	49	128
60-70 years	..	..	..	..	104	94	198
70-80 years	..	..	..	..	117	137	254
Over 80 years	..	..	..	..	39	87	126
Totals	..	..	..	..	516	531	1,047

Deaths within 24 hours of admission	..	..	121
Deaths within 48 hours of admission	..	..	44
Deaths within 72 hours of admission	..	..	49
			214
All other deaths	..	..	833
Total	..	..	1,047

Autopsies performed 154 14·708 per cent.

IV.—TABLE SHOWING THE DISTRICTS TO WHICH THE 7,378 PATIENTS BELONGED.

Willesden	4,901
Acton	1,242
Hendon and Harrow	805
Other areas.. .. .	430
Total.. .. .	7,378

V.—TABLE SHOWING HOW THE 7,378 PATIENTS WERE ADMITTED.

By relieving officers' orders	5,009
By Medical Superintendent—	
Births	697
Police cases (other than accidents)	21
Accidents	46
Maternity cases (emergency)	411
Transfers	90
Other cases	1,104
Total	7,378

VI.—CLASSIFICATION OF THE DISEASES FOR WHICH THE 7,378 PATIENTS WERE PRIMARILY TREATED.

Disease or Condition.	Children under 16 Years of Age.		Men and Women.	
	Dis-charged.	Died.	Dis-charged.	Died.
Acute infectious disease	88	8	98	58
Influenza	4	—	27	—
Tuberculosis, pulmonary	3	1	65	40
„ non-pulmonary	6	1	13	5
Malignant disease	—	—	60	130
Rheumatism, acute.. .. .	23	—	56	1
„ non-articular	10	—	40	5
„ chronic arthritis	3	—	74	—
Venereal disease	—	—	13	2
Puerperal pyrexia	—	—	20	4
„ fever (a) Women confined in Hospital	—	—	1	—
„ „ (b) Admitted from outside	—	—	—	—
Diseases of child-bearing	—	26	345	4
Mental diseases (a) senile dementia	—	—	10	3
„ „ (b) other	11	—	340	2
Senile decay	—	—	113	144
Accidental injury and violence	90	2	410	16
Disease of nervous system and sense organs	84	19	257	18
„ respiratory system	185	26	283	65
„ circulatory system	3	5	238	281
„ digestive system	219	47	648	33
„ genito-urinary system	24	1	246	44
„ skin	91	1	142	6
Other diseases	108	17	308	32
Maternity, mothers	—	—	709	—
„ infants	694	—	—	—
No disease	165	—	4	—
Totals	1,811	154	4,520	893

Grand total 7,378

Diseases and Conditions Treated to a Conclusion.

(Grouped in order of frequency.)

				Treated.	Died.
Pregnancy, parturition and puerperium..	..	..		1,061	8
Diseases of the digestive system ..	..	..	..	867	80
Births .. .. .	..	..	..	708	26
Diseases of the respiratory system	..	..	..	468	91
Diseases of the circulatory system	..	..	..	241	286
Injuries—general and local ..	..	..	..	500	18
Diseases of the nervous system ..	..	..	..	341	37
Mental diseases .. .. .	..	..	..	361	5
Diseases of the genito-urinary system	..	..	..	270	45
Senile decay .. .. .	..	..	..	113	144
Acute infectious diseases .. ..	..	..	..	186	66
Diseases of skin and areolar tissue	..	..	..	233	7
Rheumatism .. .. .	..	..	..	206	6
Malignant diseases .. .. .	..	..	..	60	130
Tuberculosis .. .. .	..	..	..	87	47
Influenza .. .. .	..	..	..	31	—
Venereal diseases .. .. .	..	..	..	13	2
Diseases of remaining groups ..	..	..	..	416	49
No disease .. .. .	..	..	..	169	—
Totals .. .. .	..	..	..	6,331	1,047

Mental Patients.

	Male.	Female.	Total.
Number remaining in wards on 31st December, 1935 ..	2	2	4
Number of admissions during the year	123	198	321
Number of discharges to wards (not certified) ..	45	60	105
Number of discharges, care of friends (not certified) ..	5	5	10
Number transferred to mental hospitals	74	135	209
Number died	1	—	1
Number remaining in wards on 31st December, 1935 ..	—	—	—

Analysis of Admissions of Mental Patients.

	Male.	Female.	Total.
Placed under order by Medical Superintendent ..	33	57	90
„ „ relieving officers (Willesden) ..	13	22	35
„ „ relieving officers (Hendon) ..	40	81	121
„ „ relieving officers (W. Middlesex) ..	2	8	10
„ „ justices or police	9	17	46
Transfers from Redhill Institution	6	13	19
Totals	123	198	321

Voluntary Patients transferred to Shenley Mental Hospital 23

Temporary Patients transferred to Shenley Mental Hospital 7

VII.—Work of the Special Departments.

1.	Surgical	..	..	Major operations	..	..	..	..	1,053	
				Minor operations	..	..	..	..	2,046	
										3,099
2.	Anæsthetics	..	..	General	..	..	..	..	1,001	
				Local	..	..	..	..	843	
				Spinal	..	..	..	..	121	
										1,965
3.	Radiological	..	..	Investigations	..	..	..	..	..	3,924
				Radiograms	..	..	..	..	..	8,507
4.	Massage	..	..	Patients treated	..	..	..	..	..	354
				Treatments	..	..	..	..	..	9,633
5.	Electrical treatment	..	..	Patients treated	..	..	..	..	..	432
				Attendances	..	..	..	..	..	6,961
				Treatments	..	..	..	..	..	14,601
6.	Dental	..	..	Extractions	..	..	..	..	..	799
				Dentures and repairs	..	..	..	..	..	67
7.	Psychiatric	..	..	Patients treated	..	..	..	..	..	73
				Attendances	..	..	..	..	..	157
8.	Maternity	..	..	Women examined at ante-natal clinic				..	..	778
				Attendances at ante-natal clinic				..	..	3,067
				Deliveries	..	..	..	..	..	724
				Obstetric operations	..	..	..	..	..	128
9.	Pathological	..	..	Investigations (otherwise than in hospital)	..	..	..	..	..	4,159
10.	Out-patients	..	..	Number of patients seen	..	..	..	..	..	2,168
				Number of attendances	..	..	..	..	..	7,803
				Number who had received in-patient treatment previously						286
				Number who were subsequently admitted for in-patient treatment	..	..	..	..	..	27
11.	Nurses' sick room-admissions	..	..	..	..	..	..	..	..	112

1. Department of Surgery.

ANALYSIS OF OPERATIONS PERFORMED DURING THE YEAR.

On skull, brain and spine	..	..	..	..	..	..	11
On sympathetic nervous system	..			..	..	..	6
On abdomen and its contents	..	..	..	..	..	..	520
On genito-urinary organs	..	..	..	..	..	..	277
On female generative organs (gynæcological)	..	..	..	..	..	..	169
„ „ (obstetrical)	..	..	..	..	..	..	128
On bones, joints and tendons	..	..	..	..	..	..	259
Amputations	..	..	..	..	..	..	21
On veins and arteries	..	..	..	..	..	..	20
On thorax and its contents	..	..	..	..	..	..	69
On ear, nose and throat	..	..	..	..	..	..	117
For drainage of abscess	..	..	..	..	..	..	305
Suturing wounds, etc.	..	..	..	..	..	..	992
Miscellaneous	..	..	..	..	..	..	205
Total	..	..	..	..	..	..	3,099

The following figures relate to operations of special interest or those most commonly performed during the year :—

On skull, brain, spine and nervous system (17)—

Evacuation of subdural hæmatoma	1
Cerebellar abscess—drainage and ventricular tap.. ..	3
Exploration of tumour in cerebellar positive angle	1
Exploration and subtemporal decompression for cerebral tumour	1
Ventricular estimation and ventriculography	1
Encephalography for post traumatic epilepsy	1
Laminectomy	2
Periarterial sympathectomy	1
Lumbar sympathectomy	1

On abdomen and its contents (450)—

Splenectomy	3
For pyloric stenosis	2
Partial gastrectomy	2
Gastrostomy	2
For peptic ulcer	27
Cholecystectomy, cholecystotomy	19
Appendicectomy	151
Appendicectomy with drainage	51
Enterostomy, colostomy with or without resection	26
For intestinal obstruction	11
Herniotomy (8 strangulated)	49
Rectal operations	63
Opening colostomy with cautery, &c.	7
Paracentesis abdominis	37

On kidney, ureter and bladder (218)—

Cystoscopy	132
Cystoscopy with ureteric catheterization	54
Suprapubic cystotomy, cystectomy	21
Nephrectomy, nephrotomy	10
For ureteric calculus	1

On male generative organs (20)—

Suprapubic prostatectomy	9
On testicle	2
Circumcision	9

On female generative organs (126)—

Hysterectomy	9
For retroversion	3
On tube and/or ovary	8
For ectopic gestation	7
Curettage and evacuation of uterine contents	92
Plastic on vagina	7

On bones, joints and tendons (280)—

For fractures	211
For osteomyelitis	12
On tendons, bursæ and cartilage	13
Amputations	21
For T.B. spine and hips	9
Manipulation for dislocation.. .. .	14

Thorax and its contents (69)—

Resection of rib	16
For empyema	4
Artificial Pneumo-Thorax	49

On ear, nose and throat (117)—

Mastoidectomy	34
Myringotomy	8
Tonsillectomy	40
Tracheotomy	2
Thyroidectomy	1
Removal of foreign body from ear	3

On veins and arteries (20)—

Embolectomy	1
Ligature of vein	2
Blood tranfusion	8
Injection of veins	9

Analysis of Fractures and Dislocations treated to a conclusion during the year, together with the results of treatment.

Bone or Joint.	Result.			Total.
	Good.	Medium.	Died.	
Skull	9	5	4	18
„ with concussion	3	1	2	6
Vertebræ	3	1	1	5
Ribs	13	2	2	17
Clavicle	7	3	4	14
Scapula	1	—	2	3
Humerus	6	5	2	13
Radius or ulna or both	15	9	—	24
Carpus, metacarpus or phalanges	—	2	—	2
Pelvis	4	2	1	7
Femur	21	10	12	43
Patella	3	3	—	6
Tibia	8	5	—	13
Fibula	5	2	—	7
Tibia and fibula	18	11	—	29
Tarsus, metatarsus or phalanges	4	—	—	4
Multiple bony injuries	—	3	—	3
Fracture-dislocations, various	18	9	—	27
Dislocations, various	7	5	—	12
Separated epiphyses	2	—	—	2
Totals	147	78	30	255

Male fracture cases	166
Female fracture cases	89
Total	255

2. Department of Anæsthetics.*Analysis of Anæsthetics administered in Theatre during the Year.**General—*

Anæsthesia by chloroform, ether or mixture	..	..	773	
„ nitrous oxide	∴	..	175	
„ ethyl chloride	..	..	32	
„ evipan (intravenous)	..	..	21	
			—	1,001

Spinal—

Anæsthesia by intrathecal injection	121
-------------------------------------	----	----	----	-----

Local—

Anæsthesia by infiltration	..	..	640	
„ application to mucous membrane	..	..	151	
„ ethyl chloride	..	..	52	
			—	843
Total	..	..	..	1,965

3. Radiological Department.

Number of in-patients radiographed	..	..	3,416
Number of out-patients radiographed	..	..	508
Total	..	..	3,924

Analysis of investigations made during the year—

	No. of Cases.	No. of Radiographs.
Skull	282	855
Lungs	635	775
„ Pleuræ	298	379
Heart	107	147
Biliary passages	114	201
Alimentary system	271	1,224
Urinary system	489	747
Generative system	87	193
Bones (injured)	1,134	2,555
Bones (disease)	419	1,228
Teeth	4	23
Miscellaneous	84	180
	3,924	8,507

Special methods of investigation (included in above table)—

Barium meals	292
Barium enemas	42
Barium swallows	13
Cholecystograms	53
Urograms	57
Pyelograms	49
Lipiodol	20
Sialograms	1
Ventriculograms	2
Hippurans	3
Thorotrasts	3
Urethrograms	1
Cystograms	2
Miscellaneous	47
Total	585

Screen examinations—

Barium meals	157
Barium enemas	38
Barium swallows	13
Lungs	123
Heart	18
Miscellaneous	3
Total	352

4. Massage Department.

Admitted for treatment	354
Treated to a conclusion	304
Remaining under treatment	50
In-patients 256	Treatments 7,822
Out-patients 98	„ 1,811
Total 354	Total 9,633

5. Electrical Department.

Admitted for treatment	432
Treated to a conclusion	295
Remaining under treatment	137
In-patients	211
Out-patients	221
Total	432
Treatments	14,601
Attendances—	
In-patients	2,845
Out-patients	4,116
	6,961

6. Dental Department.

Extractions (multiple and single) by local and general anæsthetic	811
Scalings, complete	5
Dentures	54
Repairs and additions	8
Total number of patients seen for treatment, examination and advice	163
Treated	98

7. Psychiatric Department.

Admitted for treatment	73
Treated to a conclusion	7
Remaining under treatment	66
In-patients 26	Attendances 39
Out-patients 47	„ 118
Total 73	Total 157

8. Maternity Department.

Ante-Natal Clinic.

Ante-natal sessions held	..	..	..	..	..	..	59
Expectant mothers examined	..	..	..	..	..	..	778
Total attendances	..	..	..	..	..	..	3,067
Average number per session	..	..	..	..	..	..	51
Average number of attendances per expectant mother	..	..	..	..	..	..	3.9

Analysis of the 724 deliveries which took place during the year.*

								Per cent.	
Mother admitted	..	Via ante-natal clinic						664	92
		Not via ante-natal clinic						60	8
								724	100
Civil state	..	Married						670	92
		Unmarried						54	8
								724	100
Parous state	..	Primipara						339	47
		Multipara						385	53
								724	100
Presentation	..	Occipito-anterior						676	
		Occipito-posterior						31	
		Sacral anterior						23	
		Sacral posterior						4	
		Face						1	
		Brow						1	
Total						736			

12 sets of twins included in above.

Table showing the method of delivery of the 736 babies born in the department.

Method of Delivery.							Number of Births.	Deaths.		
								Maternal.	Foetal.	Neo-natal.
Natural forces	..	..	..	..	..	..	681	1	18	23
Forceps	..	..	..	..	..	..	35	—	5	2
Cæsarean section	..	..	..	..	..	..	5	—	—	—
Craniotomy	..	..	..	..	..	..	1	—	—	—
Breech	..	..	..	..	..	..	14	1	4	—
Total							736	2	27	25

Tubal inductions	..	..	..	..	..	..	..	..	5 cases.
Delivered by midwives	..	..	..	..	..	..	..	..	674 „
Delivered by doctors	..	..	..	..	..	..	..	..	50 „
Midwife sought medical assistance in	..	..	..	..	..	..	..	..	55 „

Labour—								Per cent.	
Normal	..	..	..	..	..	..	..	631	87
Abnormal	..	..	..	..	..	..	..	81	11
Multiple	..	..	..	..	..	..	..	12	2
Total..								724	100

* One woman died undelivered, making a total of 725.

Birth—									Per cent.	
Full-time	..	..	..	..	..	..	..	690	95·00
Premature	..	..	..	..	..	..	..	18	2·00
Stillborn	..	..	..	..	..	..	..	27	3·00
Total..									735	100·00

Average weight at birth—ante-natal clinic infants	..	..	..	..	7 lbs.
“ “ “ —other infants	..	..	..	..	6–7 lbs.
Infants not entirely breast fed	..	..	..	..	37.
Anæsthetics given for obstetric purposes	..	..	..	..	100.
Average length in days of lying-in period	..	..	..	..	12–14 days.

Obstetrical Operations (128).

Cæsarian section	..	..	..	..	..	..	5
Manual removal of placenta	..	..	..	..	..	..	12
For version	..	..	..	..	..	..	15
Induction of labour	..	..	..	..	..	..	5
Forceps delivery	..	..	..	..	..	..	35
Craniotomy	..	..	..	..	..	..	1
Episiotomy and repair	..	..	..	..	..	..	16
Perineal repair	..	..	..	..	..	..	32
Treatment in ante-partum hæmorrhage	..	..	..	..	..	..	3
Examination under general anæsthetic	..	..	..	..	..	..	4

Maternal Morbidity.

All fatal cases and all cases in which a temperature of 100·4° F. or more is sustained for a period of 24 hours or recurs during that period. (Ministry of Health standard.)

								Ante-natal clinic.	Non-ante-natal clinic.	Total.
Pyrexial cases								5	3	8
Deaths								2	1	3
Pyrexial cases and maternal deaths								7	4	11
Number of women delivered								664	61	725
Maternal morbidity—rate per 1,000 delivered								10·4	65·5	15·2

Pyrexial Cases.

Live Births.	Mode of Delivery.	Maternal Complications.	Number of cases.	
			Ante-natal clinic.	Non-ante-natal clinic.
2	Natural forces	Nil	2	—
1	“	Nil	—	1
1	Version and traction	Placenta prævia	—	1
2	Natural forces	Nil	2	—
1	“	Retained products	1	—
1	“	Toxæmia of pregnancy	—	1

Total pyrexial cases 8

Maternal Deaths (3).

Births.	Mode of Delivery.	Maternal Complication.	Number of cases.	
			Ante-natal clinic.	Non-ante-natal clinic.
L.B.	Natural forces	Gonorrhœa and cervicitis during pregnancy. Spontaneous delivery. General peritonitis ..	1	—
L.B.	„ breech	Severe toxæmia of pregnancy ..	1	—
—	Died undelivered	Placenta prævia, hæmorrhage, shock	—	1
2			2	1

The following 3 maternal deaths are not included in the 724 deliveries. They were delivered by outside doctors and subsequently sent into hospital :—.

Births.	Mode of Delivery.	Maternal Complications.	Number of cases.	
			Ante-natal clinic.	Non-ante-natal clinic.
L.B.	Natural forces	Puerperal sepsis, mania, exhaustion	—	1
L.B.	„	Septicæmia	—	1
S.B.	Forceps	Post-partum hæmorrhage, morbidly adherent placenta ..	—	1
2			—	3

Stillbirths.

Details of the 27 Stillbirths.

No. of Infants.	Method of Delivery.	Causation.	Mother.		Infant.	
			Primi-para.	Multi-para.	Full Term.	Premature.
22	Natural forces	Atelectasis... ..	2	—	2	—
		Macerated foetus, ? cause	2	—	2	—
		„ „ „	—	1	—	1
		„ „ premature	1	—	—	1
		„ „	—	1	1	—
		Accidental hæmorrhage	—	1	—	1
		„ „	—	1	1	—
		Ante-partum hæmorrhage	1	—	1	—
		„ „	—	1	—	1
		Ante-partum eclampsia	—	1	—	1
		Macerated foetus, ante-partum hæmorrhage, mixed type	1	—	—	1
		Placenta prævia	—	1	1	—
		Precipitate labour, premature separation of placenta	—	1	—	1
		„ „	—	1	1	—
		Hydrocephalus	1	—	1	—
		Breech	2	—	2	—
		Breech, extended arms	—	1	1	—
		„ „ „ and legs	1	—	1	—
		Second twin, transverse presentation, prolapsed cord	1	—	—	1
4	Forceps	Delayed second stage due to persistent occipito posterior, intracranial hæmorrhage	1	—	1	—
		Delayed second stage	—	1	1	—
		Atelectasis... ..	1	—	1	—
1	Forceps craniotomy ..	Brow presentation	1	—	1	—
		Obstructed labour	1	—	1	—
27			16	11	19	8

Neo-Natal Deaths.

Maternal Morbidity of Cases of Abortion.

Cases treated to a conclusion, 189.

Pyrexial cases	..	..	..	..	..	..	7
Deaths ..	..	..	..	..	..	..	2
							—
Pyrexial cases and deaths	..	..	..	..	..	..	9
							—

Morbidity per cent. 4·76.

9. Pathological Examinations.

Nature of Examination.	Made at			
	Willesden General Hospital.	Willesden Municipal Hospital.	North Middlesex Hospital.	St. Mary's Hospital.
Swabs, K.L.B.	22	425	1	—
„ hæmolytic streptococci	22	3	20	—
Sputum—tubercle bacilli	23	630	3	—
Widals	5	8	—	—
Cerebro-spinal fluid	216	—	—	—
„ „ (Wassermann)	168	—	—	—
Protein	168	—	—	—
Lange's colloidal gold curves	168	—	—	—
Sections	79	—	—	—
„ (post-mortem)	182	—	—	—
Fractional test meals	111	—	—	—
Glucose tolerance test	5	—	8	—
Urine	441	7	26	—
Urea concentration test	48	—	3	—
Urine urea	2	—	1	—
Blood urea	63	—	129	—
„ culture	13	—	—	—
„ count	163	—	85	—
„ sugar curve	12	—	3	—
„ sugar estimation	37	—	6	—
„ calcium	6	—	—	—
„ Van den Bergh	1	—	5	—
Peritoneal fluid	2	—	—	—
Pleural fluid	31	—	14	—
„ „ guinea pig inoculations	3	—	7	—
Urine, guinea pig inoculations	4	—	14	—
Sputum, guinea pig inoculations	1	—	—	—
C.S.F., guinea pig inoculations	—	—	1	—
Pus, guinea pig inoculations	1	—	—	—
Fæces for occult blood	38	—	181	—
„ pathogenic organisms	4	—	22	—
Pus examinations	84	3	15	—
Urethral films—organisms	46	—	48	—
Vaginal swabs—organisms	12	2	5	—
Wassermann reactions—blood	2	—	3	276
Zondek-Aschein test	21	—	1	—
	2,204	1,078	601	276

Total investigations, 4,159.

10. Casualty and Out-Patient Department.

							Patients.	Attendances.
Medical and surgical	..	..	..	..	..	..	1,294	1,334
X-ray	..	..	..	..	..	..	508	508
Massage	..	..	..	..	..	..	98	1,727
Electrical	..	..	..	..	..	..	221	4,116
Psychiatric	..	..	..	..	..	..	47	118
Totals							2,168	7,803
Ante-natal	..	..	..	..	..	..	778	3,067
Grand totals							2,946	10,870

11. Nurses Sick room.

(Resident Female Nurses.)

Number of nurses at 31st December	..	..	..	..	..	270
Nurses off sick during the year	..	..	..	..	..	112
Nursing days lost	..	..	..	..	..	1,291
Average number of days lost per sick nurse	..	..	..	..	..	11.5
Average number of days lost per nurse on staff	..	..	..	..	..	4.8
Disability—						
Tonsillitis	..	..	..	..	..	32
Septic infection of the hand	..	..	..	..	..	12
Gastritis	..	..	..	..	..	4
Boils	..	..	..	..	..	4
Abdominal colic	..	..	..	..	..	3
Appendicitis	..	..	..	..	..	3
Enteritis	..	..	..	..	..	3
Rheumatism	..	..	..	..	..	2
Bronchitis	..	..	..	..	..	2
Burns	..	..	..	..	..	2
Pharyngitis	..	..	..	..	..	2
Septic toe	..	..	..	..	..	2
Miscellaneous	..	..	..	..	..	41
						112

Comparative Tables.

							1933.	1934.	1935.
Beds—average daily number occupied	..	..	..	..	..	..	726	782	798
Admissions—average daily number	..	..	..	..	..	..	14	17	20
Discharges	..	..	..	..	..	..	5,042	6,211	7,378
Operations—major	..	..	..	..	..	..	629	505	1,053
Operations—minor	..	..	..	..	..	..	938	1,118	2,046
Anæsthetics	..	..	..	..	..	..	1,299	1,348	1,965
Dental extractions and treatments	..	..	..	..	..	..	56	320	878
Radiological investigations	..	..	..	..	..	..	2,814	3,352	3,924
Massage treatments	..	..	..	..	..	..	7,668	9,430	9,633
Electro-therapeutic and sunlight treatments	..	..	..	..	..	..	5,748	10,871	14,601
Ante-natal clinic—women examined	..	..	..	..	..	..	511	616	778
Ante-natal clinic—attendances	..	..	..	..	..	..	1,672	2,455	3,067
Confinements	..	..	..	..	..	..	475	620	724
Maternal mortality—rate per 1,000 delivered	..	..	..	..	..	..	6.31	6.45	4.13
Maternal morbidity—rate per 1,000 delivered	..	..	..	..	..	..	18.94	27.41	17.93
Births	..	..	..	..	..	..	463	604	708
Still-birth rate (per cent.)	..	..	..	..	..	..	4.4	3.3	3.7
Infant mortality rate per 100 total births	..	..	..	..	..	..	9.05	6.1	7.3
Infant mortality rate per 100 born alive	..	..	..	..	..	..	4.7	2.8	3.5
Pathological investigations	..	..	..	..	..	..	3,115	3,225	4,159
Casualty and out-patients	..	..	..	..	..	..	979	1,678	2,168
Casualty and out-patient attendances	..	..	..	..	..	..	2,884	4,575	7,803

APPENDIX IV.

ANNUAL REPORT ON THE WORK OF WEST MIDDLESEX COUNTY HOSPITAL
DURING 1935, PREPARED BY THE MEDICAL SUPERINTENDENT.

Staff.

WHOLE-TIME MEDICAL STAFF.

Medical Superintendent—

J. B. Cook, M.D., Ch.B., D.P.H.

Deputy Medical Superintendent—

Miss M. W. Warren, M.R.C.S., L.R.C.P.

Physician—

T. S. Nelson, M.A., F.R.C.P.

Surgeon—

C. H. Shorney Webb, M.S., F.R.C.S.

Obstetrician—

D. M. Stern, M.A., F.R.C.S., M.C.O.G.

Assistant Medical Officers—

M. M. Deane, M.B., B.S., M.R.C.P., D.P.M. R. C. Thomas, F.R.C.S., M.C.O.G.

G. Stephen, M.B., Ch.B., F.R.C.S. F. J. V. Jaensch, M.R.C.P., M.R.C.S.

Miss I. M. Titcomb, B.M., B.Ch.

Pathologist—

W. Broughton-Alcock, B.A., M.B., M.R.C.S., L.R.C.P.

VISITING MEDICAL STAFF.

Electro-therapist—

C. A. Robinson, B.A., M.B., B.Ch., D.M.R.E.

Radiologist—

D. G. Arthur, M.R.C.S., L.R.C.P.

Ophthalmic Surgeon—

F. W. Law, M.A., M.D., F.R.C.S.

Psychiatrist—

R. Worth, M.B., B.S.

NURSING STAFF.

*Matron—*Miss E. Huggins.

Nurses (including midwives and male nurses), 356.

OTHER STAFF.

(Non-resident.)

*Chaplain—*Rev. Shepherd-Smith.*Steward—*Mr. J. F. Lomer.*Pharmacist—*Miss E. Bristowe.

Classification of Accommodation.

	Male.	Female.	Children.	Total.
Medical	108	133	—	241
Surgical	45	45	—	90
Chronic Sick.. ..	187	325	—	512
Children	—	—	150	150
Tuberculosis	16	17	—	33
Isolation	—	—	16	16
Maternity	—	52	—	52
Maternity Cots	—	—	47	47
Mental	45	105	2	152
Totals	401	677	215	1,293

Statistical Tables for the year ended 31st December, 1935.

Remaining in hospital on 1st January, 1935	414	
Admitted during the year	6,517	
Born in hospital	724	
	<hr/>	7,655
Discharged	5,628	
Died	924	
Remaining in hospital on 31st December, 1935	1,103	
	<hr/>	7,655

Highest number of patients, 1148—on 9th November, 1935.
Lowest number of patients, 430—on 11th January, 1935.

I.—TABLE SHOWING HOW THE 7,241 CASES WERE ORIGINALLY ADMITTED.

By order of relieving officer	3,825
By Medical Superintendent	2,444
Births	724
Transfers from Middlesex County Council institutions or homes	248
Total.. .. .	<hr/> 7,241 <hr/>

II.—TABLE SHOWING THE DISTRICTS FROM WHICH THE 7,241 CASES WERE ADMITTED.

Acton	301	Sunbury	47
Brentford and Chiswick	966	Teddington	465
Ealing	777	Twickenham	787
Heston and Isleworth	1,867	Other districts of Middlesex..	2,031
Total	7,241.		

III.—TABLE SHOWING WHITHER THE 6,552 PATIENTS WERE DISCHARGED.

Home	4,799
Middlesex County Council's institution or homes	281
Convalescent home	122
Other authorities' hospitals and institutions	48
Infectious diseases hospital	12
Sanatoria	78
Voluntary hospitals	10
Mental hospital	130
Duty (staff)	148
Died	924
Total	6,552

DURATION OF STAY OF PATIENTS IN HOSPITAL.

Under four weeks	4,620
4 weeks and under 13 weeks	1,491
13 weeks or more	441
Total	6,552

IV.—TABLE SHOWING AGE AND SEX DISTRIBUTION OF PATIENTS WHO DIED DURING THE YEAR.

Ages.	Male.	Female.	Total.
Under 1 year	40	22	62
1-5 years	7	8	15
5-10 „	5	5	10
10-15 „	3	7	10
15-20 „	6	9	15
20-30 „	33	38	71
30-40 „	29	36	65
40-50 „	40	37	77
50-60 „	81	37	118
60-70 „	129	74	203
70-80 „	98	82	180
Over 80 „	48	50	98
Total	519	425	924

Deaths within 24 hours of admission	139
„ 48 „	77
„ 72 „	42
All other deaths	666
Total	924

V.—CLASSIFICATION OF DISEASES AND CONDITIONS FOR WHICH THE 6,552 PATIENTS WERE PRIMARILY TREATED.

Disease or Condition.	Children (under 16).			Males.			Females.			Total.
	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	Relieved.	Unrelieved.	Died.	
Acute infectious diseases ..	106	—	3	27	—	3	33	—	—	172
Influenza	4	—	—	7	—	—	5	—	1	17
Tuberculosis—										
Pulmonary	4	—	1	72	—	45	49	—	32	203
Non-pulmonary	9	—	5	6	—	3	4	—	5	32
Malignant disease	—	—	—	40	—	67	56	—	40	203
Rheumatism—										
Acute	10	—	1	29	—	—	32	—	—	72
Non-articular	2	—	—	15	—	—	24	—	—	41
Chronic arthritis ..	—	—	—	20	—	—	44	—	—	64
Abortion and miscarriage	—	—	—	—	—	—	137	—	3	140
Other conditions of pregnancy	—	—	—	—	—	—	103	—	9	112
Diseases of the—										
Eye	8	—	—	3	—	—	6	—	—	17
Ear	59	—	—	9	—	2	8	—	—	78
Tonsils and/or adenoids	170	—	—	15	—	—	22	—	—	207
Nervous system	29	—	11	76	—	13	77	—	12	218
Circulatory system ..	6	—	2	132	—	172	144	—	168	624
Blood, spleen and lymphatics	4	—	2	13	—	8	18	—	6	51
Respiratory system ..	122	—	17	211	—	54	141	—	30	575
Teeth and gums	14	—	—	3	—	—	6	—	—	23
Digestive system	137	—	18	245	—	34	221	—	17	672
Nutrition and metabolism	30	—	20	24	—	3	52	—	12	141
Diseases of the generative system	3	—	—	37	—	1	113	—	3	157
Diseases of the bones ..	6	—	1	12	—	—	6	—	2	27
Diseases of the skin and areolar tissue	102	—	—	105	—	1	83	—	—	291
Diseases of the urinary system	12	—	1	29	—	33	48	—	9	132
Malformation and cysts ..	11	—	14	35	—	—	28	—	1	89
Injuries	64	—	2	152	—	14	127	—	16	375
Poisonings	1	—	—	15	—	—	5	—	—	21
Mental diseases	4	—	—	59	—	1	94	—	—	158
Venereal diseases	1	—	—	4	—	1	1	—	—	7
Puerperal pyrexia	—	—	—	—	—	—	29	—	—	29
„ fever	—	—	—	—	—	—	7	—	5	12
Mothers and infants discharged from maternity wards	722	—	—	—	—	—	772	—	—	1,494
Infants with mothers ..	44	—	—	—	—	—	—	—	—	44
No disease	38	—	—	6	—	—	10	—	—	54
Totals	1,722	—	98	1,401	—	455	2,505	—	371	6,552

1. Department of Surgery.

ANALYSIS OF OPERATIONS PERFORMED IN THE THEATRE DURING 1935.

Operations.	Major.	Minor.	Totals.
<i>On skin and superficial structures</i> (including toilet of wounds, incision and draining of abscesses, skin grafts, &c.)	5	514	519
<i>On bones, joints and tendons—</i>			
Reduction of fractures by manipulation	—	19	19
Reduction of fractures by open operation	5	—	5
Reduction of dislocation	—	2	2
For osteomyelitis.. .. .	8	—	8
Amputations	18	1	19
Miscellaneous	45	195	240
<i>On head and neck—</i>			
Trephine of skull	1	—	1
Partial thyroidectomy	1	—	1
Dissection of glands of neck	3	—	3
Miscellaneous	5	6	11
<i>On Eye—</i>			
Enucleation/Evisceration	1	—	1
Extraction of lens/needling	2	—	2
Iridectomy	4	—	4
<i>On Ear, Nose and Throat—</i>			
Mastoidectomy	17	—	17
Removal of tonsils and adenoids	41	186	227
<i>On Abdominal Walls and Cavity—</i>			
Herniotomy for inguinal/femoral hernia	53	—	53
Herniotomy for ventral/umbilical hernia	7	—	7
Laparotomy, exploratory, or for adhesiolysis, peritonitis, &c.	49	—	49
<i>On Stomach and Duodenum—</i>			
Partial gastrectomy	1	—	1
Suture of perforated ulcer	24	—	24
Gastrostomy	2	—	2
Gastroenterostomy	3	—	3
Rammstedt's operation	3	—	3
<i>On Intestine, Biliary Passages, Rectum and Anus—</i>			
Appendicectomy without drainage	130	—	130
Appendicectomy with drainage.. .. .	90	—	90
Drainage of appendix abscess	1	—	1
Resection and/or anastomosis of intestine	8	—	8
Enterostomy/colostomy/caecostomy	23	—	23
Sigmoidoscopy	—	23	23
Cholecystectomy	8	—	8
Miscellaneous	17	7	24
<i>On Urinary Tract—</i>			
Partial Cystectomy	2	—	2
Prostatectomy	10	—	10
Cystotomy.. .. .	18	—	18
Cystoscopy	1	80	81
Pyelography	—	9	9
Miscellaneous	4	13	17
<i>On Male Generative Organs—</i>			
Miscellaneous	8	14	22

Operations.	Major.	Minor.	Total.
<i>On Female Generative Organs—</i>			
Hysterectomy	3	—	3
Salpingectomy/oöphorectomy	19	—	19
Curettage/evacuation of uterus	53	—	53
Myomectomy	2	—	2
Colporrhaphy/perineorrhaphy	5	—	5
Miscellaneous	7	—	7
<i>On Breast—</i>			
Removal of tumour	9	—	9
Incision and drainage of abscess	—	30	30
Miscellaneous	18	12	30
Totals	734	1,111	1,845

In addition to the above the theatre was used for minor operative procedures (*e.g.* dental extractions, intra-uterine injection of glycerine, douches, &c.) on 497 occasions.

Analysis of Fractures and Dislocations treated to a conclusion during the year, their nature, together with the results of treatment.

Bone or Joint.	Result of Treatment.							
	Simple.				Compound.			
	Good.	Fair.	Poor.	Died.	Good.	Fair.	Poor.	Died.
Skull—vault	8	1	—	1	—	—	—	—
„ base	2	—	—	2	—	—	—	—
„ bones of face	1	—	—	—	1	—	—	—
Concussion	63	3	1	5	—	—	—	—
Vertebræ	4	—	—	1	—	—	—	—
Ribs	16	—	—	1	—	—	—	—
Clavicle	3	—	—	—	—	—	—	—
Scapula	4	—	—	—	—	—	—	—
Humerus	17	—	—	—	—	1	—	—
Radius, ulna or both	19	1	—	—	1	—	—	—
Pelvis	4	2	—	—	—	—	—	—
Femur, neck or great trochanter	8	—	—	—	—	—	—	—
„ shaft or lower end	17	—	—	1	2	—	—	—
Patella	2	—	—	—	—	—	—	—
Tibia	15	—	—	—	—	—	—	—
Fibula	8	1	—	—	1	—	—	—
Tibia and fibula	44	—	1	2	8	—	—	—
Tarsus, metatarsus or phalanges	4	2	—	—	1	—	—	—
Fracture dislocations—various	2	—	—	—	1	—	—	—
Injury to soft parts	49	—	—	—	51	—	1	—
Multiple bony injuries	18	—	—	2	6	—	—	2
Dislocations—various	8	—	—	—	—	—	—	—
Burns.. .. .	10	—	—	1	7	—	—	1
Carpus, Metacarpus or Phalanges	3	1	—	—	1	1	1	—
Separated Epiphyses	—	4	—	—	—	—	—	—
Totals	329	15	2	22	80	2	2	3

2. Department of Anæsthetics.*Analysis of anæsthetics administered during the year.*

Ether and oxygen	..	..	..	..	..	..	..	29
Chloroform and ether	..	..	..	..	..	..	..	34
Ethyl chloride and ether	..	..	..	..	..	..	..	742
Nitrous oxide and oxygen	..	..	..	..	..	..	..	99
Ether	..	..	..	..	..	..	..	24
Nitrous oxide and oxygen and ether	..	..	..	..	..	..	..	36
Ethyl chloride and ether and oxygen	..	..	..	..	..	..	..	27
Chloroform	..	..	..	..	..	..	..	27
Nitrous oxide	..	..	..	..	..	..	..	185
Spinal	..	..	..	..	..	..	..	27
Local	..	..	..	..	..	..	..	135
Evipan	..	..	..	..	..	..	..	2
Evipan and nitrous oxide and oxygen	..	..	..	..	..	..	..	3
Total	..	..	..	..	..	..	..	1,370

3. Electrical Department.

Number of new patients	..	..	..	..	..	..	777
Number of out-patients admitted	..	..	..	..	..	..	51
Number of patients transferred to the out-patients department	..	..	..	..	..	..	186

Analysis of Treatments.

Diathermy	..	..	..	3,687	Radiant heat	..	..	1,649
Galvanism	..	..	..	4,865	Ultra violet light	..	..	6,151
Faradism	..	..	..	714	Examinations	..	..	2,237
Sinusoidal	..	..	..	1,225	Dressings	..	..	2,864
Total	..	..	..	23,392.				

Out-patients.

Treatments, 11,535.

In-patients.

Treatments, 11,857.

Total Number of Treatments, 23,392.

4. Department of Radiology.*Number of patients—*

In-patients	..	..	..	..	..	..	..	2,696
Out-patients	..	..	..	..	..	..	..	138
Total	..	..	..	..	..	..	..	2,834

Number of radiograms—

In-patients	..	..	..	..	..	..	..	5,977
Out-patients	..	..	..	..	..	..	..	430
Total	..	..	..	..	..	..	..	6,407

Number of treatments—

In-patients	..	..	..	..	..	..	..	271
Out-patients	..	..	..	..	..	..	..	94
Total	..	..	..	..	..	..	..	365

Analysis of investigations made during the year 1935.

	Appearances.		
	Normal.	Abnormal.	Total.
Skull and contents	104	47	151
Lungs and mediastinum	71	590	661
Pleura and pleural conditions	2	64	66
Heart and aorta	1	15	16
Lipiodol injections	3	16	19
Barium meal	22	173	195
Barium enema	16	41	57
Biliary tract—			
(a) with shadocol	6	24	30
(b) without shadocol	6	13	19
Urinary system	62	31	93
Pyelograms	21	45	66
Bones and joints—			
(a) for disease	57	315	372
(b) for deformity	234	665	899
Generative system	53	57	110
Foreign bodies	—	14	14
Teeth	6	18	24
Total	664	2,128	2,792

5. Massage Department.

PATIENTS.

	Medical.	Surgical.	Total.
In-patients	225	960	1,185
Out-patients	176	186	362
Total	401	1,146	1,547

TREATMENTS.

	Medical.	Surgical.	Total.
In-patients	9,019	10,013	19,032
Out-patients	1,758	2,448	4,206
Total	10,777	12,461	23,238

6. Queen Mary Maternity Wing.

ANTE-NATAL CLINIC.

Number of sessions	..	..	..	..	..	..	313
Number of new patients	..	..	..	..	..	..	865
Number of attendances	..	..	..	..	..	..	6,100
Number of patients needing special treatment	..	..	..	..	..	..	444
Average number of attendances per patient	..	..	..	..	..	..	7.1
Average number of attendances per session	..	..	..	..	..	..	19.5

ADMISSIONS.

Via Ante-natal clinic	..	..	..	..	..	640	per cent. 83
Emergency	..	..	..	..	..	132	17
Total	..	..	..	..	..	772	100

Civil State.

Married	..	..	..	..	..	713	92.4
Unmarried	..	..	..	..	..	59	7.6
Total	..	..	..	..	..	772	100

Parous State.

Primiparæ	..	..	..	..	..	437	57
Multiparæ	..	..	..	..	..	335	43
Total	..	..	..	..	..	772	100

Presentation.

Vertex	..	..	..	..	..	687
Face	..	..	..	..	..	3
Breech	..	..	..	..	..	44
Transverse	..	..	..	..	..	4
Twins (pairs)	..	..	..	..	..	14
Born before admission	..	..	..	..	..	20

Method of Delivery.

Natural forces	..	..	..	..	..	..	719
Forceps	..	..	..	..	..	..	40
Cæsarean section	..	..	..	..	..	..	13
Medical induction	..	..	..	..	..	..	53
Surgical induction	..	..	..	..	..	..	17
Delivered by midwives	..	..	..	..	..	..	57
Delivered by medical officers	..	..	..	..	..	..	695
Medical assistance sought in	..	..	..	..	..	225 cases	
General anæsthetics	..	..	..	..	..	..	90

Puerperal Pyrexia.

Puerperal infection	8
Mastitis	..	..	..	..	..	..	7
Urinary infection	..	..	..	..	..	..	5
Upper respiratory tract infection	..	..	..	..	..	..	2
Undetermined	..	..	..	..	..	..	5

7. Pathological Department.

Analysis of Investigations—1935.

Swabs for K.L.B.	..	..	..	..	..	..	842
Sputa for tubercle bacilli	..	..	..	..	..	..	534
<i>Blood—</i>							
Hæmoglobin—total and differential counts	..	..	..	..	..	..	328
Hæmoglobin only	..	..	..	..	..	..	10
Total count only..	..	..	..	..	..	..	14
Leucocyte count only	..	..	..	..	..	..	74
Glucose estimation	..	..	..	..	..	..	239
Urea estimation	..	..	..	..	..	..	203
Van den Bergh reaction	..	..	..	..	..	..	18
Widal reaction	..	..	..	..	..	..	25
Wassermann reaction	..	..	..	..	..	..	1,179
Culture	..	..	..	..	..	..	27
Miscellaneous (grouping, chemical, &c.)	..	..	..	..	..	..	33
Blood and urine—urea concentration factor	..	..	..	..	..	..	42
<i>Urine—</i>							
Urea concentration test	..	..	..	..	..	..	73
Bacteriological and microscopical	..	..	..	..	..	..	658
Sugar estimation	..	..	..	..	..	..	13
<i>Cerebro-Spinal Fluid—</i>							
Complete chemical and bacteriological	..	..	..	..	..	..	134
Wassermann reaction	..	..	..	..	..	..	88
Other fluids for bacteriological examination	..	..	..	..	..	..	57
Discharges for presence of gonococci	..	..	..	..	..	..	114
<i>Fæces—</i>							
Bacteriological and microscopical	..	..	..	..	..	..	61
Chemical	..	..	..	..	..	..	66
Pus—bacteriological examination	..	..	..	..	..	..	151
Hairs and scales for fungi	..	..	..	..	..	..	10
Tissues for section	..	..	..	..	..	..	475
Gastric analyses	..	..	..	..	..	..	103
Animal experiments	..	..	..	..	..	..	81
Blood—fixation tests for gonorrhœa and tuberculosis	..	..	..	..	..	..	11
Total	..	..	..	..	..	..	5,662

APPENDIX V.

ANNUAL REPORT ON THE WORK OF HILLINGDON COUNTY HOSPITAL
DURING 1935, PREPARED BY THE MEDICAL SUPERINTENDENT

Staff.

WHOLE-TIME MEDICAL STAFF.

Medical Superintendent—

W. Arklay Steel, M.D., Ch.B., M.R.C.P.

Deputy Medical Superintendent and Surgeon—

L. Fatti, M.B., B.S., F.R.C.S.

Physician—

E. B. Jackson, M.D., M.R.C.P.

Assistant Medical Officers—

Miss J. Morgan, M.D., B.S., M.C.O.G.

One vacancy.

VISITING MEDICAL STAFF.

Radiologist—

G. Simon, M.B., B.Chir., D.M.R.E.

Pathologist—

W. Broughton-Alcock, B.A., M.B., M.R.C.S., L.R.C.P.

NURSING STAFF (70)—

*Matron—*Miss E. S. Laing.

Administrative sisters	4	Ward sisters	6
Departmental sisters	2	Nurses and probationers ..	56
Massage sister	1		

OTHER STAFF—

Chaplain	Rev. W. G. Prior.
Steward	Mr. C. Abel.
Pharmacist	Mr. D. F. B. Pritchard, B.Sc., M.P.S.
Assistant Pharmacist	Mr. E. W. Richard, B.Sc., Ph.C.
Radiographer	Mr. C. Butler, M.S.R.
Almoner	Miss D. Macdonald, M.A.

During the year several changes in the staff have taken place.

Dr. J. H. Follows resigned his appointment as Assistant Medical Officer on 24th May, 1934. The vacancy thus created was filled temporarily by a *locum tenens* as it was decided to change the nature of the appointment. Dr. E. B. Jackson, who had been on the staff of the North Middlesex County Hospital for nearly three years, was appointed Physician and commenced duty at this Hospital on 20th May, 1935. The increase of work throughout the past year necessitates an addition to the medical staff and the appointment of a Junior Assistant Medical Officer will shortly be made.

Mr. C. Abel, who had been acting Steward since 11th September, 1934, was appointed Steward on 1st April, 1935.

Mr. E. W. Richard has been appointed Assistant Pharmacist.

Miss D. Macdonald has been appointed as Lady Almoner and will commence duty early in 1936.

Plan of Report.

The general scheme and outlines of the Redhill County Hospital Annual Report have been adopted again almost in entirety. Several items of statistics have been added where changes in administration have made their estimation possible, so making the report more complete than last year. The classification of the returns of the work of the Pathological Department has been altered to bring it into line with the returns of the other general hospitals in the County. Besides giving greater detail it reflects more merited recognition of the amount of work carried out in this Department.

Beds.

The complement of beds, revised in 1934, gave the allocation of beds as follows :—

Male—Medical	..	..	..	..	..	..	17	
„ Surgical	..	..	..	..	..	..	32	
							—	49
Female—Medical	..	..	..	..	..	..	17	
„ Surgical	..	..	..	..	..	..	33	
							—	50
Maternity beds	..	..	..	..	..	..	12	
„ cradles	..	..	..	..	..	..	12	
„ isolation bed	..	..	..	..	..	..	1	
							—	25
Children under 7—main ward	..	..	..	..	..	..	12	
„ „ side ward	..	..	..	..	..	..	5	
							—	17
							Total ..	141

This somewhat liberal allotment was made after careful consideration of the capacity of the space available and making full allowance for the fact that some of the wards were ill-adapted for the rapid exchange of patients necessary in a hospital of this type. Such has been the pressure of work throughout the year that the returns have shown an apparent paradox in that almost daily the number of patients in the hospital was greater than the approved number of beds. The compulsory erection of additional beds made the complement purely of nominal importance. Extra beds have had to be placed in all the wards on many occasions, leading to great difficulty and embarrassment in the work. It is not anticipated that any change will be made in the complement of beds until after the completion of the proposed extensions to the hospital. In spite of the pressure upon accommodation in every department, no case in our own district and comparatively few in other districts have been refused admission.

Nurses' Training School.

When the hospital was first opened it was affiliated for training purposes to St. Alfege's Hospital, Greenwich. In September, 1931, it was approved by the General Nursing Council as a complete training school for nurses, but it was not until 1933 that the training school was completely organized. This accounts for the relatively few candidates presented by this hospital for the County and State Final Examinations.

Academic Successes during the Year.

						Passed.	Failed.
State Examination—Preliminary	..	..	..	..	..	10	2
„ „ Final	..	..	..	..	..	4	—
County Nurses Examination	..	..	..	..	..	3*	—

Structural Developments.

That the expansion of the work of the hospital has fore-reached the limits of anticipation is shown by the fact that there is now no building of any sort available for possible adaptation and now the somewhat unsatisfactory expedient of building temporary structures has had to be adopted.

The residence for the Medical Superintendent has been built and was ready for occupation towards the close of the year. Work on the medical officers' hostel was commenced in November and it is anticipated that it will be ready for occupation about the end of April. It fulfils a long-felt want and provides accommodation for four medical officers.

The steady increase in the radiological work necessitated the extension of this department. The Massage Department was therefore transferred to the building previously used as observation wards. The room thus vacated was taken over for X-ray work, thereby giving both departments more accommodation.

All the wards are now equipped with wireless earphones and the boon conferred by this installation is very much appreciated by the patients.

Internal decorations were carried out in the chronic wards. While improving the general appearance of the wards, the superficial embellishment in no way conceals the fact that the wards have long outlived their purpose.

* One candidate obtained a Silver Medal.

Throughout the year a steady increase in the numbers of out-patients, out-patient attendances and maternity patients has occurred. This increase accentuates the difficulty and embarrassment of working and the cramped accommodation which obtain in these departments. As no facilities for expansion are possible in the buildings available, the outlook assumes serious proportions and renders the building of a fully-equipped out-patient department and a maternity wing a matter of extreme urgency and necessity.

Work of the Hospital.

The work of the various departments is shown in detail in the statistical tables which form the main part of this report.

Substantial increases are shown in the returns of every department of the hospital. Yet there is not included in these returns the somewhat disquieting total of 387 cases, all acutely ill patients of so-called hospital type, who were treated to a conclusion in the chronic or infirmary block. The complement of beds in the latter block is 109 and during the year 920 discharges have occurred. This is a remarkable figure for a department of this nature and serves as a striking illustration of the possibility of a large turnover even among apparently chronic cases. That the maintenance of a very satisfactory standard of work has in no way been affected, reflects great credit on the staff who have at times to labour under great difficulties. Together with the over-taxed bed complement in the hospital, these figures prove a very strong argument supporting the urgent need for further accommodation for acute cases.

The statistical tables of this report refer only to hospital cases. The number of cases treated to a conclusion is 3,068, compared with 2,687 for the year 1934, and the number of patients per occupied bed has increased to 22·7. The average daily number of beds occupied at 135·3 again shows a substantial increase. The average daily percentage of available beds occupied is 96. The death-rate of all cases treated has fallen to 6·8. Although the average daily percentage of patients on the seriously-ill list has increased to 12·5, the average length of stay per patient has fallen to 16·1 days. While this figure is an index of the very rapid turnover and of the acute nature of the work, the improved results revealed in this report show that it has not been obtained at the expense of the patients' welfare. It is not emphasized, however, as a flattering achievement but as a notice that a dangerous limit of rapidity of turnover has been reached. The safety of this limit has only been maintained by the excellent work and good nature of the staff.

SPECIAL DEPARTMENTS.

There are no changes to record in the number of Special Departments. Notice of the work of some of these is taken in the observations made below.

Surgery.

Comparative figures show an increase of 511 in the combined total of major and minor operations for the year. It is hoped that the new theatre block will be completed by the end of 1936, for the discomfort and inconvenience of working in the present theatre have only to be experienced to be appreciated.

During the year, 1,935 anæsthetics were administered, and of these 1,551 were general and 86 spinal. Evipan was administered in 42 cases, its use having been restricted owing to its high cost.

Radiological Department.

Notice has already been taken under the heading of "Structural Developments" of the extension of this department. The work has increased steadily, the standard of work has been maintained and the results have been very satisfactory.

Massage, Electro-Therapeutic and Light Department.

The work in this department continues to increase. The treatments are carried out by a full-time resident massage sister and a part-time non-resident masseur. Additional help will be given when the proposed appointment of radiographer-masseuse is made. The work is now carried out in more commodious quarters.

Maternity Department.

One isolation and twelve maternity beds are available in this department. The very satisfactory total of 304 deliveries is recorded for 1935, and in spite of this high number the average length of lying-in period is still over thirteen days. The percentage (22·5) of emergency cases is still high. The number of women who had abnormal conditions of pregnancy and/or labour has been subject to re-classification for this year, but the percentage at 29·9 is in keeping with the number of emergency cases. The maternal morbidity and maternity mortality rates per 1,000 women delivered have increased to 75·5 and 13·2 respectively.

Ear, Nose and Throat Department.

There is no special allocation of beds in this department owing to the difficulty in making separate accommodation. This is an ideal which may be made possible when the future hospital extensions are completed. The work continues to increase, and the clinic for diseases of the ear, nose and throat accounts for a large proportion of the out-patient attendances.

Department of Medicine.

The medical wards are the smallest of all in the Hospital, and with the erection of extra beds the difficulties in nursing have been most marked. Consideration of the analysis of the therapeutic procedures (1,275) serves as but one criterion of the work carried out. The medical clinic is steadily increasing.

Casualty and Out-Patient Department.

The number of patients passing through this department is steadily increasing. On several days of the week difficulty is experienced in accommodating the large number of patients awaiting examination and treatment. Inadequate segregation only is possible, and early extension is the only expedient likely to remedy this and other defects. The work is divided strictly into clinics, new out-patients being referred to the appropriate clinic at the time of their first examination. Numerous cases are referred to this department for consultation, special opinion or treatment, and in this way a close co-operation is maintained between the hospital and the medical practitioners. A list of the various clinics held in the department is given below.

Clinic.	Time.	Day.
Dental	9 a.m.	Monday.
Medical	2 p.m.	„
Surgical (i)	10.30 a.m.	Tuesday.
Ear, Nose and Throat	2 p.m.	Wednesday.
Orthopædic and Fracture	2 p.m.	Thursday.
Ante-natal	10 a.m.	Friday.
Surgical (ii)	2 p.m.	„

CO-OPERATION WITH GENERAL MEDICAL PRACTITIONERS.

The day a patient is discharged, the medical officer responsible for the care and treatment of the case while in hospital writes to the medical practitioner, giving any important details of examinations or treatments. This service is carried out in all cases where it is considered that such information would be helpful to the medical practitioner in the subsequent treatment of the patient. During the year 1,720 such letters have been sent. This number does not include the numerous replies written in the out-patient department relating to patients sent in by doctors for an opinion.

ACKNOWLEDGMENT.

At the end of 1934 it was considered that the limit of possible turnover for a hospital of this size had been reached. A review of the figures set out in this report disproves this opinion in revealing a remarkable increase of 14 per cent. These results have only been made possible by the enthusiasm and good nature and close co-operation which has distinguished the high standard of work shown by all members of the staff, both in the quiet and harassed periods of the year. It is in acknowledgment of this work that this expression of appreciation is made.

Statistical Tables and Analyses.

Remaining in Hospital, 1st January, 1935	112
Admitted	2,807
Born in Hospital	294
	————— 3,213
Discharged	2,860
Died	208
Patients treated to a conclusion during the year	3,068
Remaining in Hospital on 31st December, 1935	145

Classification of Patients Treated to a Conclusion.

Male infants under 3	..	..	..	..	..	277	
Boys, 3-16	..	..	..	..	..	334	
Men	..	..	..	..	..	731	1,342
							<hr/>
Female infants under 3	..	..	..	..	..	243	
Girls, 3-16	..	..	..	..	..	251	
Women	..	..	..	..	..	1,232	1,726
							<hr/>
Total	..	..	..	..	..		3,068
							<hr/>

Children under 16 constituted 36 per cent. of all patients treated.
The number of patients treated to a conclusion is the subject of the tables which follow.

I.—TABLE SHOWING HOW THE 3,068 PATIENTS TREATED TO A CONCLUSION DURING THE YEAR WERE ORIGINALLY ADMITTED.

By Relieving Officer's order	..	..	..	..	..	1,107
" " outside the district	..	..	..	..	..	78
By Medical Superintendent						
Births	..	..	..	..	..	294
Police (other than accidents)	..	..	..	..	..	23
Accidents	..	..	..	..	..	159
Maternity cases, emergency	..	..	..	..	..	69
Other urgent cases	..	..	..	..	..	1,280
Transfer from Institution or Home, M.C.C.	..	..	..	..	..	49
Transfer from Hospital, M.C.C.	..	..	..	..	..	2
Transfer from Hospital or Institution—other authority	..	..	..	..	..	7
						<hr/>
Total	..	..	..	..	..	3,068
						<hr/>

Of the above patients, 51·8 per cent. were admitted by the Medical Superintendent.

II.—TABLE SHOWING THE DISTRICTS TO WHICH THE 3,068 PATIENTS BELONGED.

Uxbridge	..	..	..	..	..	..	927
Yiewsley and West Drayton	..	..	..	..	..	..	434
Ruislip-Northwood	..	..	..	..	..	..	164
Southall-Norwood	..	..	..	..	..	..	831
Hayes and Harlington	..	..	..	..	..	..	543
Other districts of Middlesex	..	..	..	..	..	..	169
							<hr/>
Total	..	..	..	..	..	..	3,068
							<hr/>

Note.—The allotment of an accident case to any one of the preceding districts is governed by the following rules :—

- (1) A person admitted, who is normally resident within the County, becomes a case for the district of residence, irrespective of the district in which the accident occurred.
- (2) A person admitted, not being normally resident within the County, becomes a case for the district in which the accident actually occurred.
- (3) A person admitted from and normally resident outside the County becomes a case for the Urban District of Uxbridge, in which the Hillingdon County Hospital is situate.

III.—TABLE SHOWING THE RESULTS OF TREATMENT OR THE TERMINATION, TOGETHER WITH ANALYSES OF DEATHS IN AGE AND OTHER GROUPS.

Cured	..	..	..	..	..	2,533 = 82·6 per cent.
Relieved	..	..	..	..	..	229 = 7·4 ,,
Unrelieved	..	..	..	..	..	98 = 3·2 ,,
Died	..	..	..	..	..	208 = 6·8 ,,

Analysis of Deaths in Age Groups.

Ages.				Male.	Female.	Total.
Under 1..	..	..	..	25	11	36
1-2	..	..	..	1	1	2
2-5	..	..	..	2	1	3
5-15	..	..	..	9	12	12
15-25	..	..	..	7	10	16
25-35	..	..	..	15	10	25
35-45	..	..	..	14	16	24
45-55	..	..	..	18	16	34
55-65	..	..	..	9	17	26
65-75	..	..	..	16	7	23
Over 75..	..	..	..	3	4	7
Totals	..	..	..	119	89	208

	Treated.	Per-centage of Total.	Died.	Case Mortality per cent.
Medical cases	806	26·3	106	13·2
Surgical and obstetric cases	2,262	73·7	102	4·5

				Case Mortality per cent.
*Deaths within 24 hours of admission ..	..	..	36	17·3
Deaths 24 to 48 hours after admission	..	..	13	6·2
Deaths 48 to 72 hours after admission	..	..	18	8·7
All other deaths .. .. .	..	..	141	67·8
Total deaths	..	..	208	100
				—
*Injuries ... .. .	...	...	...	7
Terminal stage—acute disease	...	...	...	16
Terminal stage—chronic disease	...	...	...	11
Neo-natal deaths ... .. .	...	...	...	2
				—
Total deaths within 24 hours	...	...	...	36
				—

For the causes of death, see Table VII.

IV.—TABLE SHOWING THE BEHAVIOUR OF PATIENTS AND THEIR MANNER OF DISCHARGE.

Patients whose behaviour was normal	..	..	..	3,057
Patients whose behaviour was abnormal	..	..	..	11*
Total	..	..	..	3,068
				—
*Troublesome ... .. .	...	...	...	2
Mental ... .. .	...	...	...	6
Suicidal ... .. .	...	...	...	3
				—
				11
				—

Discharge.

In the normal manner or by death	..	..	..	..	3,035
At own request, with Medical Superintendent's approval	..				5
At own request, against Medical Superintendent's approval	..				28
Ejected for misconduct	..	..	..	..	—
Total	..	..	..	..	3,068

V.—TABLE SHOWING WHITHER THE 3,068 PATIENTS WERE DISCHARGED.

To own, relative's or friend's home	..	..	..	..	2,079
To institution or children's home—M.C.C.	..	..	..		147
To out-patient department	..	..	..	..	563
To hospital or institution—other authority	..	..	..		10
To convalescent home	..	..	..	..	30
To acute infectious disease hospital	..	..	..	..	1
To mental hospital	..	..	..	..	—
To sanatorium	..	..	..	..	20
To another M.C.C. General Hospital	..	..	..	..	10
Deaths	..	..	..	..	208
Total	..	..	..	..	3,068

VI.—AVERAGES FOR THE YEAR

Beds—average daily complement	..	..	..	..	141
Beds—average daily number available	..	..	..	..	141
Beds—average daily number occupied	..	..	..	..	135·3
Average daily percentage of available beds occupied	..	..			96
Patients per occupied bed—average number per annum	..				22·7
Nursing staff—average daily number	..	..	..	..	69·4
Occupied beds per nurse—average number	..	..	..		2
Admissions—average daily number	..	..	..	..	8·5
Dangerously ill—average daily percentage	..	..	..		12·5
Stay—average length in days per patient	..	..	..	..	16·1
Maximum number of beds occupied—158 on 31st December, 1935.					
Minimum number of beds occupied—107 on 23rd July, 1935.					

VII.—CLASSIFICATION OF THE DISEASES AND CONDITIONS FOR WHICH THE 3,068 PATIENTS DISCHARGED DURING 1935 WERE PRIMARILY TREATED.

Disease or Condition.	Medical.			Surgical and Obstetric.			Totals.
	Re-lieved.	Unre-lieved.	Died.	Re-lieved.	Unre-lieved.	Died.	
Healthy—							
No abnormality detected	17	—	—	—	—	—	17
Breast-fed infants with mother ..	18	—	—	—	—	—	18
Births	—	—	—	286	—	8	294
Diseases due to infection—							
Erysipelas	11	—	—	—	—	—	11
Gonorrhoea	2	1	—	2	—	—	5
Influenza	5	—	—	—	—	—	5
Measles—morbilli and rubella ..	—	1	—	—	—	—	1
Mumps, pertussis and varicella ..	2	—	—	—	—	—	2
Rheumatism, acute and sub-acute ..	17	1	1	—	—	—	19
Rheumatic chorea	11	1	—	—	—	—	12
Syphilis, primary and secondary ..	1	—	—	—	—	—	1
Tuberculosis, pulmonary	15	18	17	—	—	—	50
Tuberculosis, non-pulmonary	—	—	3	12	3	1	19
Miscellaneous notifiable	6	1	—	—	—	—	7
Miscellaneous non-notifiable	3	—	2	—	—	—	5
Infestations by metazoan parasites ..	4	—	—	—	—	—	4
Diseases of the nervous system—							
Of vascular origin	3	3	3	—	—	—	9
Mental diseases	—	4	—	—	—	—	4
Miscellaneous	33	5	4	6	—	—	48
Diseases of the eye	1	—	—	4	—	—	5
Diseases of the ear	—	—	—	67	—	3	70
Diseases of the nose and sinuses ..	—	—	—	21	—	—	21
Diseases of the circulatory system—							
Rheumatic carditis chronic	11	5	6	—	—	—	22
Myocardial degeneration, &c.	10	3	6	—	—	—	19
Arteriosclerosis	7	4	4	1	—	—	16
Of the veins	3	—	1	11	—	—	15
Miscellaneous	4	1	2	—	—	—	7
Diseases of the blood and spleen ..	10	1	6	—	—	—	17
Diseases of the lymphatic system ..	3	—	—	29	—	1	33
Diseases of the endocrine glands ..	3	—	1	—	—	—	4
Diseases of the breast	—	—	—	18	—	—	18
Diseases of the respiratory system—							
Laryngitis	4	—	—	—	—	—	4
Bronchitis, acute	34	1	—	—	—	—	35
Bronchitis, chronic	10	1	1	—	—	—	12
Pneumonia, primary	67	3	12	1	—	—	83
Bronchopneumonia	26	—	9	—	—	—	35
Pleurisy	10	—	—	5	—	—	15
Miscellaneous	17	—	1	—	—	1	19
Diseases of the teeth and gums	—	—	—	12	—	—	12
Diseases of the digestive system—							
Tonsillitis	20	1	1	46	—	—	68
Enlarged tonsils and/or adenoids ..	—	—	—	280	—	—	280
Peptic ulcers	16	2	1	11	—	2	32
Dyspepsia of infants	22	—	7	—	—	—	29
Of stomach and duodenum—other ..	30	—	—	2	—	—	32
Appendicitis	—	—	—	121	—	5	126
Visceroptosis, constipation and stasis..	46	—	—	21	—	—	67

Disease or Condition.	Medical.			Surgical and Obstetric.			Totals.
	Re-lieved.	Unre-lieved.	Died.	Re-lieved.	Unre-lieved	Died	
Diseases of the digestive system— <i>contd.</i>							
Herniæ	—	—	—	83	—	5	88
Of intestine, rectum, anus—other ..	3	—	2	30	1	2	38
Of liver and gall bladder	11	—	—	21	1	5	38
Of peritoneum	1	—	—	6	—	2	9
Miscellaneous	6	—	—	11	—	1	18
Diseases due to disorders of nutrition or of metabolism	23	2	7	1	—	1	34
Diseases of the generative system—							
Of the male organs	—	—	—	33	1	2	36
Of the female organs	—	—	—	77	—	4	81
Pregnancy, parturition and puerperium—							
Normal and abnormal conditions ..	—	—	—	512	—	8	520
Diseases of the organs of locomotion—							
Fibrositis group	10	1	—	—	—	—	11
Arthritis deformans	5	1	—	—	—	—	6
Osteomyelitis, acute and chronic ..	—	—	—	6	—	3	9
Miscellaneous	—	—	—	14	—	1	15
Diseases of the areolar tissue	1	—	2	21	—	2	25
Diseases of the skin	28	1	—	9	—	—	38
Diseases of the urinary organs—							
Nephritis	8	—	3	—	—	—	11
Pyelitis	18	3	—	9	—	—	30
Miscellaneous	1	—	1	24	2	1	29
Injuries—							
Superficial	—	—	—	32	—	—	32
Deep and foreign bodies	—	—	—	8	—	—	8
Shock or other injury	—	—	—	8	—	—	8
Cerebral concussion	—	—	—	32	—	—	32
Cerebral contusion	—	—	—	6	—	2	8
Burns and scalds	—	—	—	22	—	3	25
Wounds, clean and septic	—	—	—	19	—	2	21
Septic conditions of the hand	—	—	—	9	1	—	10
Fractures and dislocations	—	—	—	109	2	13	124
Miscellaneous	—	—	—	21	—	1	22
Tumours, benign—							
Of generative system	—	—	—	10	3	1	14
Of other organs and structures ..	—	—	—	2	—	—	2
Tumours, malignant— ..							
Of the digestive system	—	1	—	5	9	11	26
Of the generative system	—	—	—	2	4	3	9
Of the urinary organs	—	—	—	—	2	—	2
Of other organs and structures ..	—	—	—	4	3	1	8
Tumours, intra-cranial	1	—	—	—	—	2	3
Cysts	—	—	—	4	—	—	4
Malformations, congenital	—	—	3	5	—	5	13
Poisonings	16	—	—	2	—	1	19
For special investigation/treatment ..	—	—	—	5	—	—	5
Totals	634	66	106	2,128	32	102	3,068

Diseases and Conditions Treated to a Conclusion.
(Grouped in order of frequency.)

	Treated.	Died.
Pregnancy, parturition and puerperium	520	8
Diseases of digestive system	487	32
Diseases of the ear, nose and throat	439	4
Births	294	8
Injuries—general and local	290	21
Diseases of the respiratory system	203	24
Diseases due to infection	141	24
Diseases of the generative system	117	6
Diseases of the circulatory system	79	19
Diseases of the urinary organs	70	5
Tumours	68	18
Diseases of areolar tissue and skin	63	3
Diseases of the nervous system	61	7
Diseases of the organs of locomotion	41	4
Diseases due to disorders of nutrition or of metabolism	34	8
Diseases of the lymphatic system	33	1
Diseases of remaining groups	128	16
Total treated	3,068	208

Analysis of Fractures and Dislocations Treated to a Conclusion during the Year, together with the Results of their In-patient and Out-patient Treatment secured before or at 31st December.

	Nature.		Result.					Total.
	Simple.	Compound.	Very Good.	Good.	Medium.	Poor.	Died.	
Skull	9	1	5	4	—	—	1	10
Skull with concussion	3	—	3	—	—	—	—	3
Skull with cerebral contusion	4	1	—	1	—	—	4	5
Vertebræ	1	—	—	1	—	—	—	1
Ribs	1	—	1	—	—	—	—	1
Clavicle	5	—	3	—	1	1	—	5
Scapula	4	—	3	—	1	—	—	4
Humerus	8	—	2	5	1	—	—	8
Radius or ulna or both	6	1	1	5	1	—	—	7
Carpus, metacarpus or phalanges	1	3	1	—	3	—	—	4
Pelvis	3	—	3	—	—	—	—	3
Femur, neck or great trochanter	6	—	1	—	1	1	3	6
Femur, shaft or lower end	10	—	8	1	1	—	—	10
Patella	2	—	—	2	—	—	—	2
Tibia	8	—	7	—	1	—	—	8
Fibula	3	2	5	—	—	—	—	5
Tibia and fibula, simple	15	—	10	3	2	—	—	15
Tibia and fibula, compound	—	3	2	—	1	—	—	3
Tarsus, metatarsus or phalanges	1	1	1	1	—	—	—	2
†Multiple bony injuries, simple	11	—	4	3	1	—	3	11
*Multiple bony injuries, compound	2	—	—	1	—	—	1	2
Fracture-dislocations, various	3	—	—	1	2	—	—	3
Separated epiphyses	—	—	—	—	—	—	—	—
Dislocations, various	2	—	—	1	1	—	—	2
Pathological, malunited, &c.	4	—	—	1	1	1	1	4
Totals	112	12	60	30	18	3	13	124

† Multiple fractures of the vertebral column, hand and foot and cases of fractured ribs, tibia with fibula and radius with ulna are not included in the group unless associated with one or more fractures or dislocations elsewhere. Multiple fractures of the bones of the skull, face and nose are not classified as multiple.
* One or more injuries being compound, not necessarily all.

10 per cent. of the fractures and fracture dislocation cases were of the compound variety.

Men	...	...	...	...	...	...	...	64, of whom 8 died.
Women	...	...	...	...	...	...	...	28, of whom 3 died.
Children under 16—male	...	...	...	...	...	...	...	22, of whom 2 died.
Children under 16—female	...	...	...	...	...	...	...	10, of whom none died.
Total	...	...	...	...	...	...	...	124, of whom 13 died.

Special Methods of Treatment applied to the above Cases.

Manipulation under general anæsthesia	..	..	..	..	33
Application of plaster of Paris	..	..	..	..	41
Manipulation under fluorescent screen	..	..	..	..	10
Transfixion pin or wire	..	..	..	..	21
Open operation	..	..	..	..	18
Amputation for compound fracture	..	..	..	..	4

The following compound fracture cases had amputation—radius and ulna (above wrist) ; 1 case of phalanx of hand ; 1 case of fracture of patella complicated by gangrene of leg (through femur)* ; and 1 phalanx of foot. There was one death after amputation*.

Results of Treatment.

				1934.	1935.	
Very good	..	71		60·2 per cent.	60	48·4 per cent.
Good	..	20		17·0	30	24·2
Medium or poor	..	16		13·5	21	17·0
Died	..	11		9·3	13	10·4
Totals	..	118		100·0	124	100·0

N.B.—The result of treatment is classified as “very good” only when the three following conditions are fulfilled :—

- 1. Little or no depreciation of function.
- 2. Anatomical alignment of fragments.
- 3. No shortening or angulation.

The result of a fracture successfully treated by amputation is classified as medium.

Cause of death :—

Cerebral contusion	..	..	..	..	..	4
Arteriosclerosis senility	..	..	..	..	..	4
Meningitis	..	..	..	..	..	2
Shock and hæmorrhage	..	..	..	..	..	1
Rupture of papillary muscle	..	..	..	..	..	1
Hæmopericardium	..	..	..	..	..	1
Total fracture deaths	..	..	..	..	..	13

The average length of stay of the 124 fracture and dislocation cases analysed above was 22 days.

The above figures relate to the fracture cases treated in hospital. The number is small considering the size of the hospital and the extent of the district.

At this hospital very adequate facilities and equipment exist for the treatment of fractures. The essential conditions of an organized fracture service as enumerated by the Committee on Fractures,† viz., segregation of cases, continuity of treatment, after-care and unity of control, are carried out in the practice of this hospital. All fracture cases are followed up at the Fracture Clinic until a satisfactory result is obtained.

VIII.—The Work of the Special Department.

1. Surgical	..	..	..	Major operations	..	..	834
				Minor operations	..	..	1,589
							2,423
2. Anæsthetics	..	..	General	..	..	..	1,551
			Local	..	..	..	298
			Spinal	..	..	..	86
3. Radiological	..	..	Patients investigated	..	..	..	1,460
			Investigations	..	..	..	2,347

* “Rupture of Popliteal Artery and Vein,” W. Arklay Steel, M.D., M.R.C.P., *British Medical Journal*, 8th June, 1935, p. 1165.
† *Vide* Report of Committee on Fractures—Supplement to the *British Medical Journal*, 16th February, 1935.

4. Massage	Patients	383
	Treatment	5,385
5. Electro - Therapeutic and Light	Patients	192
	Treatments	3,891
6. Maternity	Women examined at ante-natal clinic	440
	Attendances at ante-natal clinic	1,609
	Births	315
	*Obstetric operations	160
7. Pathological	Investigations	2,767
8. Ear, Nose and Throat ..	*Operations	418
9. Therapeutic, Diagnostic, Prophylactic.	Special procedures	1,275
10. Casualty and Out-Patients †	Patients	3,078
	Attendances	15,023
	Operations	712
11. Nurses' Sick Room ..	Admissions	48

Note.—Included in the above figures are those of the minor operations, anæsthetics, special treatments and investigations performed on, given to or made on, patients in the Casualty, various out-patient departments and Nurses' sick room.

1. Department of Surgery.
Analysis of Operations performed during the Year.

	In-Patients.		Casualty and Out-Patients.		Nurses.		Totals.
	Major.	Minor.	Major.	Minor.	Major.	Minor.	
<i>General—</i>							
On skin and superficial structures ..	21	108	4	265	—	—	398
On arteries, veins and lymphatics ..	5	30	—	90	—	—	125
On nerves	2	7	—	6	—	—	15
On bones and joints	60	133	—	117	—	—	310
On muscles, tendons, bursæ and fasciæ	3	1	1	22	—	—	27
Amputations	10	3	1	4	—	—	18
On skull, brain and spine	6	5	—	—	—	—	11
On face	—	—	—	13	—	—	13
On eye	1	—	—	15	—	—	16
On mouth, pharynx and œsophagus	3	6	—	19	—	—	28
On thyroid, accessory glands and neck	2	1	1	—	—	—	4
On breast	1	27	—	7	—	—	35
On thorax and contents	8	8	—	1	—	—	17
On abdominal wall and cavity ..	135	1	—	—	—	—	136
On stomach and duodenum	12	—	—	—	—	—	12
On intestine, rectum and anus ..	140	47	—	6	—	—	193
On liver, gall bladder, pancreas and spleen	18	—	—	—	—	—	18
On kidney and urinary tract ..	58	62	—	50	—	—	170
On male generative organs	17	9	—	27	—	—	53
On female generative organs ..	173	54	—	2	1	—	230
Unclassified	3	10	2	1	—	—	16
	678	512	9	645	1	—	1,845
<i>Special—</i>							
Obstetric	39	91	—	30	—	—	160
On ear, nose and throat	105	283	—	28	2	—	418
	822	886	9	703	3	—	2,423
Grand totals	1,708		712		3		

* These operations are included in the numbers of major and minor operations and are not additional.
† Ante-natal patients, attendances and operations included.

Operations—

Major	..	..	..	..	..	..	..	..	834
Minor	..	..	..	..	..	..	..	..	1,589

*Operative mortality rates—

Per 100 major operations	..	..	..	..	..	5.75
Per 100 minor operations	..	..	..	..	..	0.69
Per 100 major and minor operations	..	..	..	..	..	2.43

When the period of anæsthesia for an operation classified as minor exceeds half-an-hour, that operation is deemed a major one.

Operations performed in theatres—

	General.	Ear, Nose and Throat.	Total.
By Medical Superintendent	459	39	498
By Deputy Medical Superintendent	462	305	767
By Resident Assistant Medical Officers	109	37	146
Totals.. .. .	1,030	381	1,411

Below are given, under anatomical headings, the names and numbers of the operations most frequently performed.

On Skin and Superficial Structures (398)—

Toilet and suturing of wounds	144
Incision of abscess, cellulitis, boil or carbuncle	106
For sinus, ulcer, scar, cyst, tumour	37
Septic infections of hand	61

On Arteries, Veins and Lymphatics (125)—

Under this heading is included one case of embolectomy.

Injection of varicose veins	65
For suppurative lymphadenitis	52

On Bones and Joints (310)—

The majority of operations in this section were carried out for the treatment of fractures and dislocations, manipulations of fragments (62) and the application of plaster of Paris (183) represent the most common operations performed. Transfixion pin or wire (32); open operations for reduction and fixation of fragments (16).

Amputations (18)—

This total comprises operations on the arm (1), the femur (4), and fingers and toes (13).

On Abdominal Wall and Cavity (136)—

Herniotomy for inguinal herniæ (10 strangulated)	73
Herniotomy for femoral herniæ (8 strangulated)	10
Herniotomy for ventral and umbilical herniæ (none strangulated)	7
Laparotomy—exploratory for adhesiolysis, peritonitis, abscess, &c.	45

* Every case on whom any operation, either radical or palliative, was performed is included in the total of operation deaths, on which these mortality rates are based.

On Stomach, Duodenum, Intestine, Rectum, Anus, Gall bladder (223)—

For peptic ulcer (10 perforated)	12
Enterostomy/colostomy, with/without resection	15
Enterectomy/colectomy	4
Anastomoses—various	3
Appendicostomy	3
Appendicectomy	3
Appendicectomy (Interval—previous Oschner-Sherren treatment)	44
Appendicectomy with drainage	47
For intussusception/internal hernia/volvulus	6
Proctoscopy/sigmoidoscopy (minor operation)	19
Cholecystostomy	3
Cholecysto-gastrostomy	1
Cholecystectomy (6 with *appendicectomy)	14

On Kidney, Ureter, Bladder and Urethra (170)—

Nephrectomy, nephrolithotomy	4
Cystoscopy and ureteric catheterisation	47
Ureterolithotomy	2
Cystoscopy (minor operation)	52
For vesical calculus	3

On Male Generative Organs (53)—

Suprapubic prostatectomy	7
Circumcision (minor operation)	29

On Female Generative Organs (230)—

On ovary and/or tube	21
Ectopic gestation	8
Hysterotomy (2 with sterilization)	3
Uterine, vaginal plugging and/or glycerine injection	36
For incomplete abortion	106
Sub-total hysterectomy	10
Pan-hysterectomy	2
Vaginal hysterectomy	7
Various on vagina/vulva	12

Laparotomy was performed 266 times. This number does not include herniotomies for inguinal and femoral herniæ and open operations on the kidney and bladder. 105 laparotomies were for appendicitis. During the year 99 persons were discharged or died after operations for appendicitis.

Analysis of Operations for Appendicitis performed on Patients treated to a Conclusion.

	Males.			Females.			Totals.		
	Relieved.	Died.	Total.	Relieved.	Died.	Total.	Relieved.	Died.	Total.
Acute†	13	—	13	15	—	15	28	—	28
Acute with local peritonitis	8	1	9	14	—	14	22	1	23
Acute with local abscess	3	—	3	2	—	2	5	—	5
Acute with general peritonitis	14	3	17	11	—	11	25	3	28
Chronic	—	—	—	2	—	2	2	—	2
Interval‡	6	—	6	7	—	7	13	—	13
Totals	44	4	48	51	—	51	95	4	99

Operative mortality rate of 84 acute cases = 4·8 per cent.

There were four deaths in this section. The duration of illness prior to admission in three cases was respectively 3, 3 and 7 days.

In 17 cases an appendix abscess was palpable on admission. Fifteen of these received Oschner-Sherren treatment. In 2 cases the abscess was drained. There were no deaths. One man, aged 52, had been ill three days and was admitted *in extremis*, too ill for operation. Post-mortem examination confirmed the diagnosis of acute appendix with general peritonitis.

* Not included in appendicectomy figures.

† Appendices proved by section to be acutely inflamed.

‡ Cases previously admitted for appendix abscess and which received Oschner-Sherren treatment.

2. Anæsthetics.

Analysis of Anæsthetics administered during the Year.

	In-Patients.	Casualty and Out- Patients.	Dental.	Totals.
<i>General Anæsthesia—</i>				
By chloroform, ether or mixture ..	118	12	5	135
*By ethyl chloride with/without ether ..	91	42	3	136
By nitrous oxide and oxygen	173	162	103	438
By nitrous oxide, oxygen and ether ..	774	5	16	795
*By Evipan	22	3	17	42
By intravenous Nembutal	5	—	—	5
<i>Local Anæsthesia—</i>				
By application to mucous membrane ..	43	37	—	80
By freezing with ethyl chloride ..	10	13	—	23
†By infiltration	66	116	13	195
Regional by infiltration and nerve block	—	—	—	—
<i>†Spinal Anæsthesia—</i>				
By intrathecal injection	86	—	—	86
Total	1,388	390	157	1,935

* Supplemented by N₂O, O & E (9).
‡ Supplemented by N₂O & O (1).
† Supplemented by N₂O (4) N₂O₂ O & E (4).

Summary.

General anæsthetics	1,551
Local anæsthetics	298
Spinal anæsthetics	86
Total	1,935

Of the general anæsthetics given to in-patients, 84 were administered in the wards.

There were four deaths under anæsthesia. A child aged 2 had received second degree burns of the right forearm and leg, twenty-four hours prior to admission. The patient suddenly collapsed while the burns were being cleaned. Another patient, a woman aged 43, died towards the termination of pan-hysterectomy. Another case is mentioned under the Ear, Nose and Throat Section, of a child aged 9 who died during induction—ether and oxygen—prior to an operation for acute mastoiditis. At autopsy an enlarged thymus was found.

The fourth case*, a man aged 48, who developed gangrene of the leg, following rupture of the politeal vessels, died after a mid-thigh amputation, immediately the tourniquet was released.

3. Radiological Department.

In-patients investigated	637
Out-patients investigated	565
Total patients investigated	1,202

* Case published by Dr. W. Arklay Steel in the *British Medical Journal*.

Analysis of Investigations made during the Year.

	Appearances.		Totals.
	Normal.	Abnormal.	
Skull for injury, disease or deformity	61	60	121
Chest and contents for disease	100	338	438
Alimentary tract	105	126	231
Biliary passages	20	37	57
Urinary system	66	123	189
Generative system	51	26	77
Bones and joints for injury	244	652	896
Bones and joints for disease or deformity	80	155	235
Miscellaneous	25	38	63
Dental	10	30	40
Totals	762	1,585	2,347

*Special Methods of Investigation.**

Barium meals	149
Barium enemata	44
Cholecystograms	41
Injections—Lipiodol/sodium bromide	13
Pyelograms—retrograde	29
Urograms—intravenous	54
Screening the removal of a foreign body	3
Manipulation and fixation of fracture under fluorescent screen ..	19
	352

Average number of investigations per patient	1.60
†Number of radiograms taken (29 being on X-ray paper) ..	4,191
†Average number of radiograms per investigation	1.78
†Average number of radiograms per patient	2.87
Number of dental radiograms taken	178
Number of maternity patients	32
Number of ante-natal clinic patients	42

Comparative Table.

	1933.	1934.	1935.
Radiological investigations	1,547	1,774	2,347

4. Massage and 5. Electro-Therapeutic and Light[†] Departments.

Patients.	Massage.			Electro-Therapeutic.			Ultra-Violet Light.		
	In-patients.	Out-patients.	Total.	In-patients.	Out-patients.	Total.	In-patients.	Out-patients.	Total.
Remaining from 1934	12	23	35	4	20	24	1	3	4
Admitted to department	150	198	348	16	118	134	21	9	30
Remaining under treatment	11	30	41	1	18	19	1	1	2
Treated to a conclusion	151	191	342	19	120	139	21	11	32
Treatments	2,561	2,824	5,385	996	2,402	3,398	299	194	493

Applications of radiant heat, made in conjunction with tannic acid in the treatment of burns and scalds, or for treatment of shock, &c., are not included.

* Included in the above analysis of investigations and therefore not additional.

† Dental radiograms and dental patients included.

Medical cases admitted	..	..	..	..	163	43·1 per cent.
Surgical cases admitted	..	..	..	..	215	56·9 „
Total cases admitted					378	100·0 „

6. Maternity Department.

I. ANTE-NATAL CLINIC.

Ante-natal sessions held	..	..	..	..	..	52
Expectant mothers examined	..	..	..	..	..	440
Total attendances	..	..	..	..	..	1,609
Average number seen per session	..	..	..	..	..	30·9
Average number of attendances per expectant mother	..	..	..	..	..	3·06
Women referred for dental treatment..						22
Women referred for pathological investigation						130
Women referred for radiological investigation						42

11. STATISTICAL TABLES AND ANALYSES OF CONFINEMENTS. ANALYSIS OF 304 DELIVERIES WHICH TOOK PLACE DURING THE YEAR.

						Per cent.
Mother admitted	..	Via ante-natal clinic			235	77·5
		As an emergency case			69	22·5
		Total			304	100·0
Civil State	..	Married			283	93·5
		Unmarried			21	6·5
		Total			304	100·0
Parous State	..	Primipara			272	89·4
		Multipara			32	10·6
		Total			304	100·0
Presentation	..	Vertex—occipito anterior			289	
		Vertex—occipito posterior			9	
		Breech—uncomplicated			9	
		Breech—complicated			5	
		Transverse			3	
		Brow or face			—	
		Born before admission			5	
		Total			320	

There were two sets of twins—

Both vertex occipito anterior	..	..	..	..	..	8 sets.
Breech—vertex	..	..	..	..	..	2 sets.
Transverse and vertex occipito anterior	..	..	..	..	..	1 set.

Induction of Labour.

Indication.	Number of Cases that had Induction.		
	Of Premature Labour.	At or After Term.	Totals.
Premature rupture of membranes	—	1	1
Maternal toxæmia	4	4	8
Post-maturity	—	4	4
Post-maturity and mitral stenosis	—	1	1
Fœtal death	1	1	2
Disproportion	1	—	1
Eclampsia	2	—	2
Hydramnios, Anencephaly	1	—	1
Acute hydramnios	2	—	2
Total	11	11	22

Medical induction of labour was undertaken in 17 cases (5·6 per cent. of labours).
In 11 cases it was successful and delivery was by natural forces.
In 6 cases, when medical induction had failed twice, surgical induction was successful in 5.
In the one remaining case delivery was by forceps.
In 5 cases surgical induction without previous medical induction was successful. In one case the puerperium was morbid.
There were 18 live births and 4 stillbirths (three due to maternal toxæmia and one anencephalic).
There were 2 neo-natal deaths (maternal toxæmia and acute hydramnios).

Method of Delivery of the 315 Infants Born.

Method of Delivery.	No. of Births.	Deaths.		
		Maternal.	Foetal.	Neo-natal.
Natural forces	263	2	10	4
Natural forces after induction	21	—	4	3
Manual of extended breech	3	—	4	—
Manual of transverse	2	—	—	—
Embryotomy	2	—	1	—
Forceps	16	—	2	—
Cæsarean section	8	1	—	1
Totals	315	3	21	8

Midwives delivered 267 women.
Doctors delivered 37 women.
Midwives sought medical assistance for 134 women.
Forceps rate 5·09 per 100 births.
Maternal morbidity rate after forceps 6·2 per cent.
Anæsthetics given for obstetric purposes 130 „
Average length of lying-in period in days 13·04 „

Pregnancy and Labour.

Conditions of both pregnancy and labour normal.. 219 .. 72·1 per cent.
Conditions of either or both abnormal 74 .. 24·3 „
Multiple cyesis and labour, normal and abnormal.. 11 .. 3·6 „

Obstetric Operations.

Application of forceps	16
Cæsarean section	5
Cæsarean section and sterilisation	3
Cæsarean hysterectomy	—
For adherent placenta	7
Episiotomy and repair	—
Manual delivery of complicated breech	3
Manual delivery of transverse	2
Surgical inductions	11
Embryotomy	2
Repair of perineum—tear grade 1	26
tear grade 2	54
tear grade 3	1
Ante-natal clinic versions	—
Total	160

Indications for which Cæsarean sections were done :—

Indication.	Booked.	Emergency.	Totals.
Contracted pelvis and disproportion.	2	1	3
Chronic rheumatic carditis and for sterilisation	3	—	3
Placenta prævia	—	1	1
Rigid cervix	1	—	1
Totals.. .. .	5	2	8

There were 5 classical and 3 lower segment operations.
There was 1 maternal and 1 neo-natal death.
There were no foetal deaths.

Maternal Morbidity.

The figures given under this head relate to women admitted to the maternity department and to booked cases delivered before admission. Of this group all who had pyrexia in the puerperium (Ministry of Health standard) and all who died after delivery or undelivered are included as morbid. Cases of abortion and ectopic gestation are not admitted to the department. The maternal morbidity of cases of abortion is given under the head of abortion. No case of ectopic gestation was morbid.

—	Booked.	Emergency.	Totals.
Pyrexial cases	8	11	19
Maternal deaths—pyrexial	1	1	2
Maternal deaths—apyrexial	—	2	2
Pyrexial cases and maternal deaths	9	14	23
Number of women delivered	235	69	304
Maternal morbidity-rate per 1,000 delivered	38·3	202·9	75·5

Pyrexia in the Puerperium.

The Ministry of Health standard of puerperal pyrexia is adopted.
Unless there is definite evidence to the contrary, every case of pyrexia occurring in the puerperium is assumed to be due to uterine infection.
In addition to the conditions generally accepted as sequelæ of uterine infection, the following, when they occur in the puerperium, are returned also under that head: thrombosis, thrombo-phlebitis, phlegmasia alba dolens, pulmonary embolus, pneumonia and broncho-pneumonia.
During the year, 21 cases of pyrexia in the puerperium occurred; 19 recovered and were discharged and 2 died.

Register No.	Age.	Gravida.	Maturity (weeks.)	Complication of Labour and/or Maternal Complication.	Method of Delivery.	*Pyrexia.		Cause of Pyrexia.	Cervical Swabbing.	†Duration of Pyrexia in days.	Births.
						Date of Onset.	Day of Puer- perium.				
35/112	25	1	40	Toxæmia, disproportion	Forceps	†19 Jan.	6	Uterine infection	Staph. only	7	Live.
35/114E	33	6	38	Placenta prævia	Natural forces	30.12.34	2	Uterine infection	—	21	S.B.
35/158	22	2	40	Nil	Natural forces	1 Jan.	2	Uterine infection	—	42	2 live.
35/166E	26	1	28	Acute hydrannios	Natural forces	24.12.34	3	Uterine infection	Gram. ve cocci only	28	Live.
35/226E	34	2	40	Obstructed labour, trans- verse	Embryotomy	10 Feb.	5	Uterine infection	—	4	S.B.
35/236E	21	1	40	Impacted breech	Manual	3 Feb.	1	Uterine infection	—	6	S.B.
35/325	25	1	40	Persistent occipito posterior	Forceps	18 Feb.	2	Uterine infection	—	10	Live.
35/372E	20	1	40	Nil	Natural forces	18 Mar.	10	Uterine infection	Diphtheroids and B. coli	4	Live.
35/598	28	1	40	Nil	Natural forces	12 May	9	Mammary abscess	—	9	Live.
35/679	34	4	34	Nil	Natural forces	27 May	12	Mammary abscess	—	16	Live.
35/778E	30	1	40	Toxæmia, macerated foetus	Natural forces	Before delivery	—	Uterine infection	—	8	S.B.M.
35/875	26	1	40	Hydrocephalus							
				Rigid cervix	Cæsarean	Before delivery	—	Uterine infection	—	25	Live.
35/945	21	1	40	Nil	Natural forces	10 June	11	Mammary abscess	—	5	Live.
35/1073	18	1	38	Vomiting of pregnancy	Natural forces	17 July	1	Uterine infection	—	21	Live.
				Uterine inertia. Labour 8 days							
35/1084E	25	1	40	Nil	Natural forces	27 July	6	Mammary abscess	—	28	Live.
35/1135	25	1	40	Nil	Natural forces	25 July	12	Mammary abscess	—	14	Live.
35/1179E	29	1	40	Toxæmia, disproportion	Forceps	4 Sept.	10	Acute pyelitis	—	2	Live.
35/1184E	26	1	40	Toxæmia, morbidly adherent placenta	Natural forces	Before delivery	—	Uterine infection	—	35	S.B.M.
35/1250E	23	2	40	Placenta prævia	Cæsarean	19 Sept.	2	Uterine infection	—	8	Live.
35/1526E	32	1	40	Lateral placenta prævia	Natural forces	1 Nov.	2	Uterine infection	—	12	S.B.M.
35/1690E	20	1	40	Eclampsia, disproportion	Cæsarean	Before delivery	—	Uterine infection	—	24	Live.

* Date and day of the second recording of a temperature of 99° F. or over. In every case the date given here is earlier than that on which the pyrexia became notifiable.
† Temperature 100° after delivery. E. after a register number indicates an emergency case. S.B.M.—Still birth, macerated.

Summary of the 21 Pyrexial Cases.

Uterine infection (puerperal fever)	..	..	..	14 (includes 1 pelvic cellulitis)
Mammary abscess	..	..	..	5
Pneumonia	..	..	..	1
Urinary infection	..	..	..	1
Total	..	..	..	21

Of the 21 women who had pyrexia in the puerperium, 16 were primiparae.

Maternal Deaths.

Register No	Age.	Gravida.	Maturity (weeks)	Complication of Labour and/or Maternal Complication.	Method of Delivery.	Class I*	Class II*	Group 1*	Group 2*	Births.
35/158	22	2	40	Normal labour. Septicæmia	Natural forces	Yes	—	—	Yes	2 live
35/511E	43	4	40	Spontaneous rupture of uterus	Died undelivered	Yes	—	—	Yes	—
35/668E	30	3	32	Concealed accidental hæmorrhage. Bilateral cortical necrosis	Natural forces	Yes	—	—	Yes	S.B.
35/1250E	23	2	40	Placenta prævia. Cæsarean section. Septicæmia	Cæsarean	Yes	—	—	Yes	Live

Maternal Mortality Rates.

Per 1,000 booked cases delivered..	..	..	..	4.26
Per 1,000 emergency cases delivered	..	..	..	43.6
Per 1,000 cases delivered ..	..	..	..	13.2

* *Vide* Final Report of Departmental Committee on Maternal Mortality and Morbidity, 1932. Class I.—Deaths directly due to child-bearing (abortions and ectopics are not included here); Class II.—Death due to an independent disease; Group I.—Cases showing a primary avoidable factor; Group 2.—Case showing no primary avoidable factor. E. after a register number indicates an emergency case.

III.—MATERNITY DEPARTMENT INFANTS' REPORT.

Births.

								Per cent.
Full-time	..	..	..	..	..	..	260	82·54
Premature	..	..	..	..	..	..	34	10·8
Stillborn	..	..	..	..	..	..	21	6·66
Total births							315	100

Average weight at birth of infants—booked cases	..	7 lbs. 5 ozs.
Average weight at birth of infants—emergency cases	..	6 lbs. 8 ozs.
Infants not entirely breast-fed	.. .. .	47

Stillbirths.

DETAILS OF 21 STILLBIRTHS.

Maternal Complication.	Method of Delivery.	Infant.	Cause of Foetal Death.
<i>Booked (4)—</i>			
None apparent	Natural forces after induction	P. ...	Anencephaly.
Toxæmia	{ Natural forces after induction	P. ...	} Prematurity.
Complicated breech		P. ...	
	Manual delivery	F.T.	Tentorial tear.
<i>Emergency (17)—</i>			
None apparent	Embryotomy	F.T.	Hydrocephalus.
Obstructed labour, transverse presentation	Embryotomy	F.T.	Complication of labour.
Persistent Occipito posterior	Forceps	P.M.	Hydrocephalus.
Placenta prævia	Natural forces	F.T.	Complication of labour.
Placenta prævia, prolapsed cord	Forceps	F.T.	Complication of labour.
Lateral placenta prævia	Natural forces	F.T.	Complication of labour.
Central placenta prævia	Natural forces after plugging with half-breech	F.T.	Complication of labour.
Complicated breech	Manual delivery	F.T.	Tentorial tear.
Complicated breech	Manual delivery	F.T.	Foetal stress.
Complicated breech, contraction ring...	Embryotomy	P. ...	Complication of labour.
Concealed accidental hæmorrhage	Natural forces	P. ...	Retro-placental hæmatoma.
Concealed accidental hæmorrhage	Natural forces	P. ...	Retro-placental hæmatoma.
Toxæmia	Natural forces after induction	P.M.	Maternal toxæmia.
Toxæmia	Natural forces	F.T.M.	Hydrocephalus.
Toxæmia	Natural forces	F.T.M.	Maternal toxæmia.
Toxæmia, acute pulmonary œdema	Natural forces	F.T.	Maternal toxæmia.
Nil	Natural forces	P. ...	Unknown.

F.T. = Full-time. F.T.M. = Full-time macerated. P. = Premature. P.M. = Premature macerated.

SUMMARY OF CAUSES OF STILLBIRTH

Cause of Stillbirth.	Booked.	Emergency.	Totals.
Maternal conditions	—	3	3
Complication of labour	1	8	9
Placental conditions	—	2	2
Foetal conditions	3	3	6
Unknown	—	1	1
	4	17	21

Neo-natal Deaths.

DETAILS OF THE 8 NEO-NATAL DEATHS (DEATHS WITHIN 4 WEEKS OF BIRTH).

Cause of Death.	Maternal Complication.	Method of Delivery.	Weight at Birth.	Age.
<i>Booked</i> (3)—			lbs. ozs.	
Congenital atelectasis	Rheumatic carditis	Cæsarean	6 5 ³ / ₄	10 ³ / ₄ hours.
Prematurity, Mongolism	Hydramnios	Natural forces ..	4 0 ¹ / ₄	5 days.
Prematurity ..	Placenta prævia	Natural forces after plugging with half breech	3 3	3 days.
<i>Emergency</i> (5)—				
Prematurity ..	} Nil	Natural forces ..	{ 3 1 3 2	5 days.
Twins ..				5 ¹ / ₂ days.
Prematurity ..	Acute hydramnios	Natural forces after induction	1 14 ¹ / ₄	3 days.
Prematurity Hydrocephalus	Hydramnios	Natural forces ..	—	10 hours.
Prematurity, Maternal toxæmia	Eclampsia	Natural forces after induction	3 12	1 day.

SUMMARY OF CAUSES OF NEO-NATAL DEATHS.

—	Booked.	Emergency.	Totals.
Prematurity	2	5	7
Congenital atelectasis	1	—	1
Totals	3	5	8

Infantile Mortality Rates.

		Per cent.
Of 315 infants born	21 were stillborn and 8 died	= 9·23
Of 294 infants born alive	8 died within 4 weeks of birth	= 2·72
Of 34 premature infants born alive	7 died within 4 weeks of birth	= 20·6

IV.—ANALYSIS OF CASES OF NORMAL AND ABNORMAL PREGNANCY, PARTURITION AND PUERPERIUM
TREATED TO A CONCLUSION IN MATERNITY AND OTHER WARDS DURING THE YEAR.

	Booked.	Emergency.	Totals.
Pregnancy, normal	10	5	15
Pregnancy and spurious labour pains	21	—	21
Toxæmia of pregnancy	11	3	14
Ectopic gestation	—	9	9
Pregnancy and ante-partum hæmorrhage	1	1	2
Pregnancy and concomitant disease	6	23	29
Abortion, threatened	—	15	15
Abortion, incomplete and complete	1	92	93
Abortion, with post-abortum infection sequelæ ..	—	12	12
Labour, normal	192	24	216
Labour, normal, and toxæmia of pregnancy ..	12	16	28
Labour, normal, and concomitant disease ..	3	1	4
Labour, abnormal	21	16	37
Labour, abnormal, and toxæmia of pregnancy ..	1	4	5
Labour, multiple	5	6	11
Puerperium, normal	1	4	5
Affections consequent on parturition	—	4	4
Totals	285	235	520

Among the 520 cases analysed above, there occurred 8 deaths. Details of 4 of these are given under the head of maternal deaths. The remaining 4 occurred in emergency cases. One was due to puerperal sepsis in a woman admitted for that condition after delivery in the neighbourhood ; one was due to miliary tuberculosis following abortion ; the other two died from general peritonitis following abortion.

Abortion.

(Therapeutic inductions and cases of threatened abortion are not included.)

Cases treated to a conclusion	105
Pyrexial cases	12
Death	3
Pyrexial cases and death	15
Maternal morbidity rate per 1,000 women who aborted	142·9

7. Pathological Department.

Analysis of Examinations made during the Year.

Examination made at	Bacteriology.											Biochemistry.																					
	Blood culture.	Cerebrospinal fluid.	Urine.	Fæces.	Exudates.	Pus.	Sputum.	Swabbings.	Films for gonococci.	Vaccines—autogenous.	Animal inoculations.	Blood.								Cerebrospinal Fluid.						Urine.				Fæces.		Stomach contents.	
												Sugar.	Sugar tolerance curve.	Urea.	Calcium.	Cholesterol.	Van den Bergh.	Other.	Protein.	Globulin.	Chloride.	Sugar.	Urea.	Lange's Test.	Sugar estimation.	Urea estimation.	pH.	Other.	Occult blood.	Fats.	Test meal.	Test meal—fractional.	
Hillingdon County Hospital	6	—	5	4	20	42	15	—	—	—	32	7	42	—	—	—	1	—	—	17	59	5	3	35	—	2	6				
West Middlesex County Hospital	29	42	68	54	37	48	5	13	27	3	21	2	—	11	1	9	2	43	27	30	7	20	—	—	3	1	1	3	8			
Other Hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—				
Totals	29	42	74	54	42	52	20	73	42	3	21	34	7	53	1	9	2	43	27	30	8	20	17	59	5	8	36	1	5	14		

Examinations made at	Other Clinical Pathology.														Morbid Anatomy.													
	Hæmatology.								General and Microscopic Examinations.								Histo-logical Examinations.	Post-Mortem Examinations.										
	Full count.	Red cells and hæmoglobin	White cell count & differential	Reticulocyte count.	Platelet count.	Red cell fragility.	Bleeding time.	Coagulation time	Sedimentation test.	Seriology.								Urine.	Fæces.	Cerebrospinal fluid.	Exudates and other fluids.	Parasitic infection.	Other examinations.	Surgical specimens.	Post-mortem specimens.	Hospital cases.	Other cases.	Institution cases.
										Blood grouping.	Blood compatibility.	Widal reaction.	Bacterial agglutination.	Complement fixation test.	T.b. fixation test.	Wassermann reaction—blood	Wassermann reaction—C.S.F.											
Hillingdon County Hospital	..	19	—	—	—	1	2	3	—	71	—	—	—	—	3	—	—	505	2	2	9	3	1	—	—	74	3	20
West Middlesex County Hospital	..	15	43	2	—	—	—	—	—	20	10	2	—	331	44	60	11	70	41	12	1	—	83	36	—	—	—	
Other Hospitals	..	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	21	23	—	—	—	—	
Totals	..	34	43	2	—	1	2	3	—	71	—	20	10	2	3	334	44	565	13	72	50	15	2	104	59	74	3	20

Summary of the Examinations made during the Year.

	At Hillingdon County Hospital.	At West Middlesex County Hospital.	Other Hospitals.	Totals.
Bacteriological	274	465	—	739
Biochemical	209	168	2	379
Other clinical pathology	618	768	3	1,389
Morbid anatomy	97	119	44	260
Totals	1,198	1,520	49	2,767

Post mortem examinations :—

On the bodies of 208 persons who died in hospital 77 examinations were made. The remaining 20 examinations were made on bodies from the Hillingdon Institution, on persons brought in dead and on still-born infants.

Hospital autopsy rate = 37·0 per cent.

Actual specimens sent (and cases for post mortem) :—

Hillingdon County Hospital	1,216
West Middlesex County Hospital	1,244
Other Hospitals	49

NOTE.—A serial group investigation, such as a fractional test meal, blood sugar curve, urea concentration test and Widal reaction for the whole enteric group, with B. abortus, is entered as one investigation. A routine investigation of cerebro-spinal fluid is entered under three headings, viz., Bacteriological, Biochemical and Microscopical.

8. Ear, Nose and Throat Department.

Analysis of Operations performed during the Year.

For aural furuncle, foreign body in ear, &c.	10
Paracentesis tympani	18
Mastoidectomy (Schwartz, 26 ; radical, 7)	33
Mastoid cauterization/curettage/plastic	2
Submucous resection of septum	2
On nose and sinuses, various	13
Antral puncture and washout	10
†Removal of tonsils and adenoids	295
Removal of tonsils by dissection	28
Quinsies opened	2
Foreign body in pharynx, removal	1
Bronchoscopy	4
Total	418

Operative Mortality.—There were three deaths. One was in a child of 9 who, following a myringotomy the previous day, died shortly after the commencement of a cortical mastoidectomy. Another was in a child of 11 who was operated on for cerebral abscess following bilateral chronic mastoiditis. Another was in a child of 6 who had a myringotomy performed 4 days before death from septic meningitis.

† This total includes 40 major operations. In children, tonsils are removed by dissection, and for purposes of classification the removal of tonsils in children under or over the age of 12 years is deemed a minor or major operation respectively.

9. Therapeutic, Diagnostic and Prophylactic Procedures.**Analysis of Special Procedures.*

Injection of serum or vaccine	366
Injection of saline, subcutaneous or intraperitoneal.. .. .	141
Multiple punctures of œdematous legs	1
Autohæmotherapy	4
Blood transfusion (auto or hetero)	52
Intravenous injection of saline or drug	246
Venesection	6
Lumbar puncture	86
Inhalation therapy	—
Paracentesis of pleural cavity	73
Paracentesis of abdominal cavity	17
Gastric lavage	102
Jennerian vaccination	92
CO ₂ snow	23
Spuman insertion	65
Cisternal puncture	1
Total	1,275

10. Casualty and Out-Patients Department.

†Casualties—medical and surgical	2,026
In-patients made out-patients	563
Ante-natal cases	489

Total casualties and out-patients treated 3,078

Patients on the books at the beginning of the year	201
New casualties and out-patients	2,877

Total 3,078

Total number of attendances made	15,023
Average number of attendances per patient	4.9

Operations—

Suturing of wound	126
Incision of abscess	78
For sinus/ulcer/cyst/tumour, &c.	20
Removal of nail	17
For septic infection of hand	55
Removal of foreign body in eye	15
Removal of foreign body in limb	11
Injection of varicose veins, &c.	70
Manipulation of fracture or dislocation	36
Application of plaster of Paris	66
Miscellaneous on tendons	17
For bursitis	6
Amputation of finger, thumb, toe	5
Ear, nose and throat, various	28
On mouth, pharynx and œsophagus	19
Mammary abscess	7
Genito-urinary, various	78
External version in ante-natal clinic	30
Miscellaneous	28

Total 712

Anæsthetics—general (Evipan 3).. .. .	224
Anæsthetics—local	166

Total 390

Admitted to hospital from out-patient department	856
Admitted to hospital from ante-natal clinic	289

* None of these has been included in the foregoing list of operations.

† Includes patients referred by medical practitioners for a specialist's opinion and/or some special investigation or form of treatment.

11. Nurses' Sick Room.

Complement of nurses at 31st December	..	..	..	..	..	70
Average daily complement of nurses	..	..	..	..	..	71·42
Average daily complement of nurses available for duty	..	..	..	..	..	69·41
Nurses off duty sick during the year	..	..	..	..	..	36*
Nursing days lost	..	..	..	..	..	733
Average number of nursing days lost per annum—						
Per sick nurse	..	..	..	..	..	20·36
Per nurse of the average daily complement	..	..	..	..	..	10·26

Disabilities.	No.	Major operations.	Minor operations.
Ear, nose and throat conditions	23	2	—
Influenza	4	—	—
Liver and gall bladder	4	—	—
Notifiable diseases	3	—	—
Intestinal conditions	2	—	—
Pleurisy	2	—	—
Diseases of locomotion	1	—	—
Cysts	1	1	—
Septic condition of skin	1	—	—
Diseases of urinary organs	1	—	—
Stomach and duodenum	1	—	—
Injuries	1	—	—
Chest	1	—	—
Miscellaneous	3	—	—
Totals	48	3	—

Out of a total of 733 days lost, 5 nurses were off duty a total of 395 days.

Comparative Tables.

	1933.	1934.	1935.
Beds—complement at 31st December	—	141	141
„ —average daily complement	—	141	141
„ —average daily number available	—	133·1	141
„ —average daily number occupied	110·2†	130·9	135·3
Average daily percentage of available beds occupied	—	98·3	96
Patients per occupied bed—average number per annum	24·1†	20·5	22·7
Nursing staff—average daily strength	59	70	69·4
Occupied beds—average number per nurse	1·9†	1·9	2
Admissions—average daily number	7·2	7·4	8·5
„ —percentage by Medical Superintendent	—	59·7	51·8
Length of stay—average in days per patient	15·1†	17·8	16·1
Medical cases	—	767	806
Surgical cases	—	1,920	2,262
Total cases treated to a conclusion	2,657	2,687	3,068
Patients relieved	—	88·9	90
„ unrelieved	—	3·9	3·2
„ died	—	7·2	6·8
Operations—major	730	652	834
„ —major and minor	2,126	1,912	2,423
Anæsthetics—general	1,417	1,205	1,551
Radiological investigations	1,547	1,774	2,347
Massage treatments	4,604	5,266	5,385
Electro-therapeutic and light treatments	2,013	2,662	3,891

* 6 nurses off duty twice. 3 nurses off duty thrice.

† Maternity cradles not included.

Comparative Tables—*continued.*

	1933	1934	1935
Ante-natal clinic—women examined	169	275	440
„ „ „ —attendances	700	1,397	1,609
Confinements	197	234	304
Maternal mortality rate per 1,000 delivered	35.5	8.6	13.2
Maternal morbidity rate per 1,000 delivered	128.8	47.4	75.5
Births	201	234	315
Stillbirth rate	6	9	6.7
Infantile mortality rate per 100 total births	8	11.6	9.23
Infantile mortality rate per 100 born alive	2	4.7	2.72
Pathological investigations	2,187	2,183	2,767
Casualties and out-patients	1,839	2,431	3,078
Casualty and out-patient attendances	12,027	12,753	15,023

APPENDIX VI.

REPORT OF
Delegation of the County Council on their Visit
to
Hospitals in France, Germany and Austria.

REPORT OF

Delegation of the County Council on their Visit to Hospitals in France, Germany and Austria.

MR. CHAIRMAN, ALDERMEN AND COUNCILLORS,

Your delegation left England on 13th May, 1935, from Victoria Station at 11 a.m. They were very much cheered by the presence of Alderman Mrs. Barnes, Sir Ernest Hart, Mr. Rattenbury and Mr. Purdom, to see them off and wish them *bon voyage*.

After a very pleasant journey with a calm crossing we arrived in Paris. The next morning, 14th May, 1935, we set off for our first hospital inspection to—

PARIS.

THE NEW BEAUJON HOSPITAL.

This is a large hospital on the vertical plan opened only eight months ago. It is situated in the heart of the populous area of Clichy in the North-West of the City on a site of about 22 acres; its towering mass being visible for miles round. Up to the present it is the only vertical hospital on a really large scale in Europe.

The “Administration Generale de l'Assistance Publique” of Paris has a plan for constructing a series of large new hospitals in the various quarters of Paris, to meet the ever-increasing demand of the population, and the Beaujon is the first of these.

The building is of reinforced concrete construction faced externally with brickwork.

The design is in a severe functional manner, no attempt being made to camouflage the general construction and lay-out of the buildings.

Flat roofs are universally adopted and their use has enabled the maximum amount of air and light to be obtained.

The principal front faces north with a central main entrance approached by a sweeping inclined roadway with projecting wings of building on either side. This portion of the building is about 1,130 ft. in width and is carried up to varying heights, the greater portion being two storeys in height above ground.

The central hall is three storeys high, very spacious, and gives access to the administrative rooms, offices and reception rooms.

Six “consultation blocks” for various classes of out-patient work are built to the north of the main hospital building. These are separate and some distance apart but are all connected by corridor to the central “admission room.”

At the rear of this section, and connected by a central corridor, is the hospital proper, about 580 ft. in length and 197 ft. in height. It is 13 storeys high above ground level and forms an imposing structure especially when viewed from the south with its four projecting wings, each with nine semicircular balconies.

All the wards and patients' rooms are on the south side of this section with services to each floor on the north side of same. The total accommodation is for 1,000 patients, the wards being mainly for 6 or 14 patients each, and 263 single rooms are provided.

All beds are equipped with call light, wireless plugs, and adjustable bed tables, and all signalling is done by means of electric lighting with buzzers in the nurse's room.

The main service is by eight lifts centrally grouped, six of which carry 25 passengers each.



NEW BEAUJON HOSPITAL. FRONT VIEW.

Cliché de L'ILLUSTRATION.



NEW BEAUJON HOSPITAL. BACK VIEW.

Cliché de L'ILLUSTRATION.

The corridors are about 8 ft. wide and 12 ft. 6 in. high generally, and access to rooms is by single wide flush doors hung on iron frames and furnished with chromium plated fittings and check action door springs.

Floor surfaces are generally in tiles, those to wards being in coloured patterns giving a cheerful appearance and the corridors in asphalte tiles with borders and coved skirtings.

Great attention has been given to the question of internal decoration, each floor having a separate colour scheme embracing floors, walls and ceilings.

The kitchen is in the basement to the north side of the longitudinal corridor and is capable of serving 1,500 persons. It is very well fitted with nine large boiling pans under a huge glass ventilating cowl—there is also a large coffee percolator which can make 300 litres of coffee at a time. Adjacent to the kitchen are stores for milk, meat, vegetables, &c. We were very pleased with the hotplate cupboards with doors on both the kitchen and service side. The food trays are placed on three-stage trolleys which are then wheeled alongside the service lifts (there are 23 of these in the whole building). The trays rest on roller wheels and are pushed straight on to the corresponding level of the service lift (also with roller shelves). Washing-up is done on each floor after meals.

The buildings are heated by a high-pressure central heating plant producing 5,000-6,250 kilos of steam per hour.

Electric current is received at 15,000 volts and transformed to 115 and 200 volts for lighting, power and X-ray apparatus.

There is parking space for 60 cars in front of the hospital, recreation space on the south front for patients, and detached buildings on either side consisting of boiler house, workshops, disinfecting station and mortuary to the north-east, a small nurses' home, quarters for male staff and resident medical officers and a crèche for the babies of the nursing staff (most of the nurses are young married women), on the south-west.

It is claimed that this hospital is an improvement, as far as French needs are concerned, on many American hospitals of the vertical type, notably in the effort that has been made to reduce the movement of patients from floor to floor for special investigations or operations.

The keynote of the planning is an endeavour to reduce "dispersion"; to make not only the building but all the services as compact as possible. Thus each floor is a self-contained unit—a sub-hospital in itself—and a patient rarely has to be moved from his or her own floor for any purpose.

A typical ward contains 14 beds—7 on each side. There are in addition six beds in side wards. The wards are high and spacious, 30 ft. wide. Floors are of earthenware tiles 15 in. square. Actually we found this floor very quiet and pleasing, and the tiles closely jointed.

There is a space of 10 ft. between the centres of adjacent beds. There are no wash-hand basins placed in wards, the nurse or house surgeon merely disinfecting the hands on the trolley under a running stream of disinfectant. The south wall of each ward is almost entirely window—opening on to a balcony. All the fittings in the wards are of metal—windows, beds, lockers, chairs and tables.

The sanitary annexes, linen room, ward kitchen and nurse's room are on either side of the corridor leading into a main ward. The side wards are on the south side of the main longitudinal corridor.

A typical floor consists of 4 wards plus their side wards, and on the northern side of the main corridor are X-ray rooms, examination and dressing rooms, linen stores, floor service kitchens and offices and dictating rooms for the medical staff. In the centre opposite the entrance to the floor from the lift tower is the floor sister's room, whence she can supervise generally the activities of her floor. The lower six floors have a theatre block at their eastern extremity. These are used for obstetrics (first), gynæcology (second), general and special surgery (third, fourth, fifth and sixth). The floors above this are devoted to medical cases—the top two being for tuberculous patients—these latter floors, however, are atypical, inasmuch as they have no main ward spur but only small wards leading directly from the corridor and opening on to a verandah on the south side. Two-bedded wards for tuberculous cases are provided with a terrazzo and glass partition to prevent cross-infection.

Staff and direct in-patients enter the hospital on the central hall level, patients' visitors by the inclined ramp leading directly to the eight lifts in the basement.



Cliché de L'ILLUSTRATION.

NEW BEAUJON HOSPITAL. ONE OF THE WARDS.



Cliché de L'ILLUSTRATION.

NEW BEAUJON HOSPITAL. THE ENTRANCE HALL.

The out-patient departments are entirely separate and yet admirably connected to the hospital proper. Out-patients do not enter the main building, and all out-patient investigations are done on the out-patient premises. Moreover, a casualty ward of 14 beds and 2 cots has been provided in the out-patient department. No cases are admitted into the ordinary hospital wards after 5 p.m.—the casualty ward and its adjacent casualty theatre being used.

This excellent arrangement results in patients not being disturbed in the ward by new admissions at all times of the night, and it seemed to us to be of particular benefit also from the point of view of the nursing—as the slender night staff is not called upon to deal with unforeseen and heavy emergencies at the expense of the routine attention to other patients. The following morning the night admissions are “cleared” to their respective wards.

The six out-patient pavilions are all constructed on similar lines. There is a fair sized hall, with windows high and near the roof. On each side is a row of consulting rooms. Between the consulting rooms and the hall are the dressing cubicles, one door leading to the hall and the other into the consulting rooms. Minor operation theatres, dark rooms, a small laboratory and an office complete the unit.

General medicine, general surgery, ear, nose and throat, ophthalmology, maternity, antenatal and postnatal examinations and tuberculosis dispensary represent the main divisions of the out-patient department.

Various observations.

A very light and easily handled stretcher which ran on two large wheels centrally placed with small wheels at each end not touching the ground and fitted with a canvas hammock top secured by cord to the frame.

Built-in concrete benches and sinks in X-ray department. A very good design of concrete sink with sloping front was also fitted in the vegetable scullery.

Maternity lying-in wards—12 patients only, back to back along centre of the ward, with a 5-foot partition between. Cots arranged along the walls—no nurseries.

The beds are sprung by means of steel laths having an upward curve.

A very adaptable type of bed table hinged and ratcheted so that it can be put out of the way at side of bed.

Red call light over each bed, but no lamp, instead there is a plug for a standard lamp which is kept in centre of ward.

Each floor has its own staff, the medical staff of the floor consists of :—

One chief.

Two assistants to chief.

Three house surgeons or physicians.

Nursing staff in the daytime consists of :—

Two nurses to each ward.

One floor sister.

In France X-ray screening is used very largely—with us it is being used less and less. At the Beaujon each floor is provided with an X-ray plant for screening and only when a radiogram record is wanted are patients taken to the X-ray department. The absence of pictorial records is of course a great disadvantage.

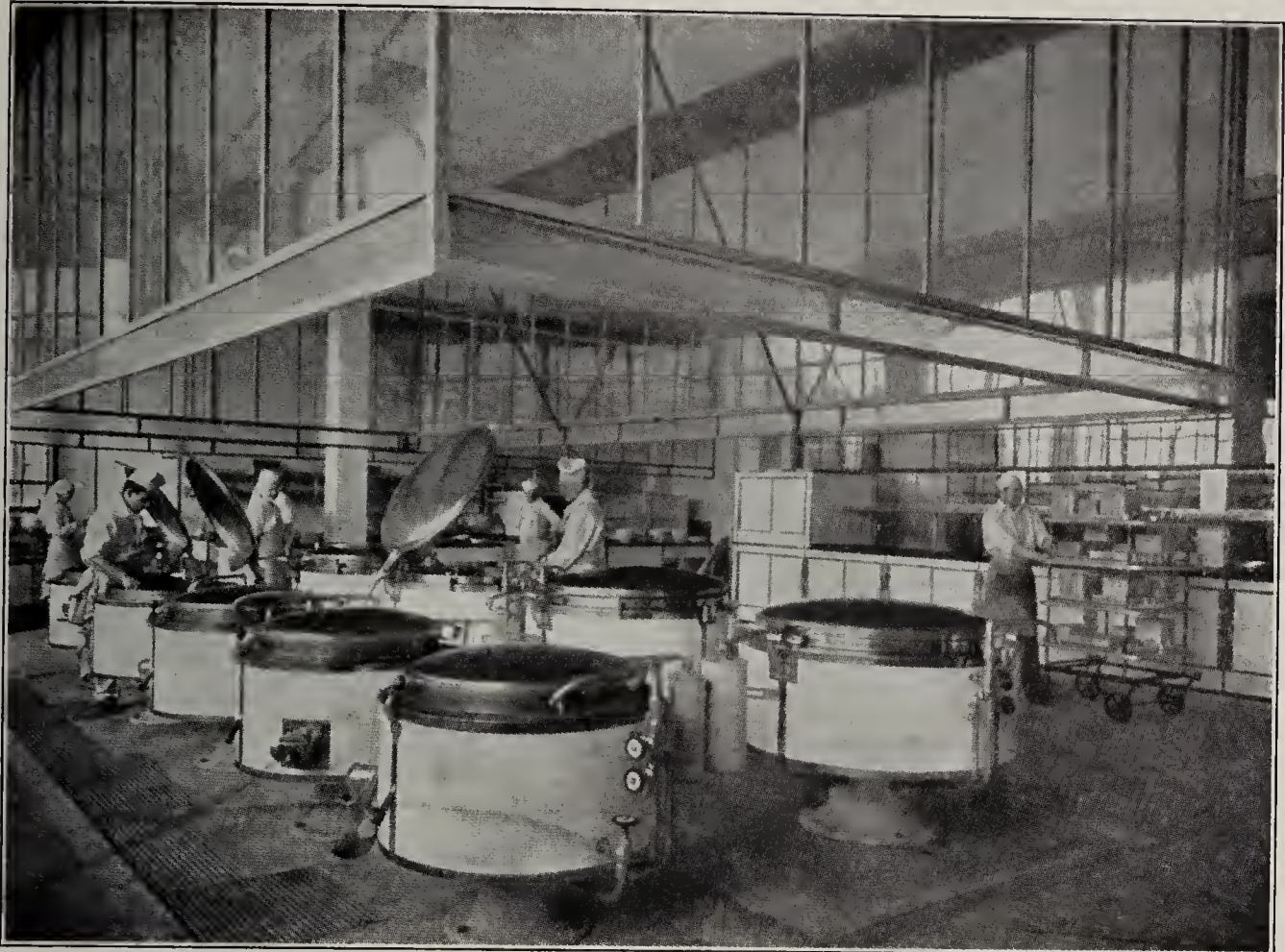
Every door in the hospital has a “Dietator” silent closer.

The buried wire window closers worked easily and silently.

In conclusion we would wish to place on record our appreciation of the courtesy of the Director of the Hospital who, after welcoming the deputation, kindly placed at our disposal the services of an assistant and a member of the nursing staff who had knowledge of English. These officers accompanied us on our tour of inspection and we are much indebted to them for their valuable assistance.

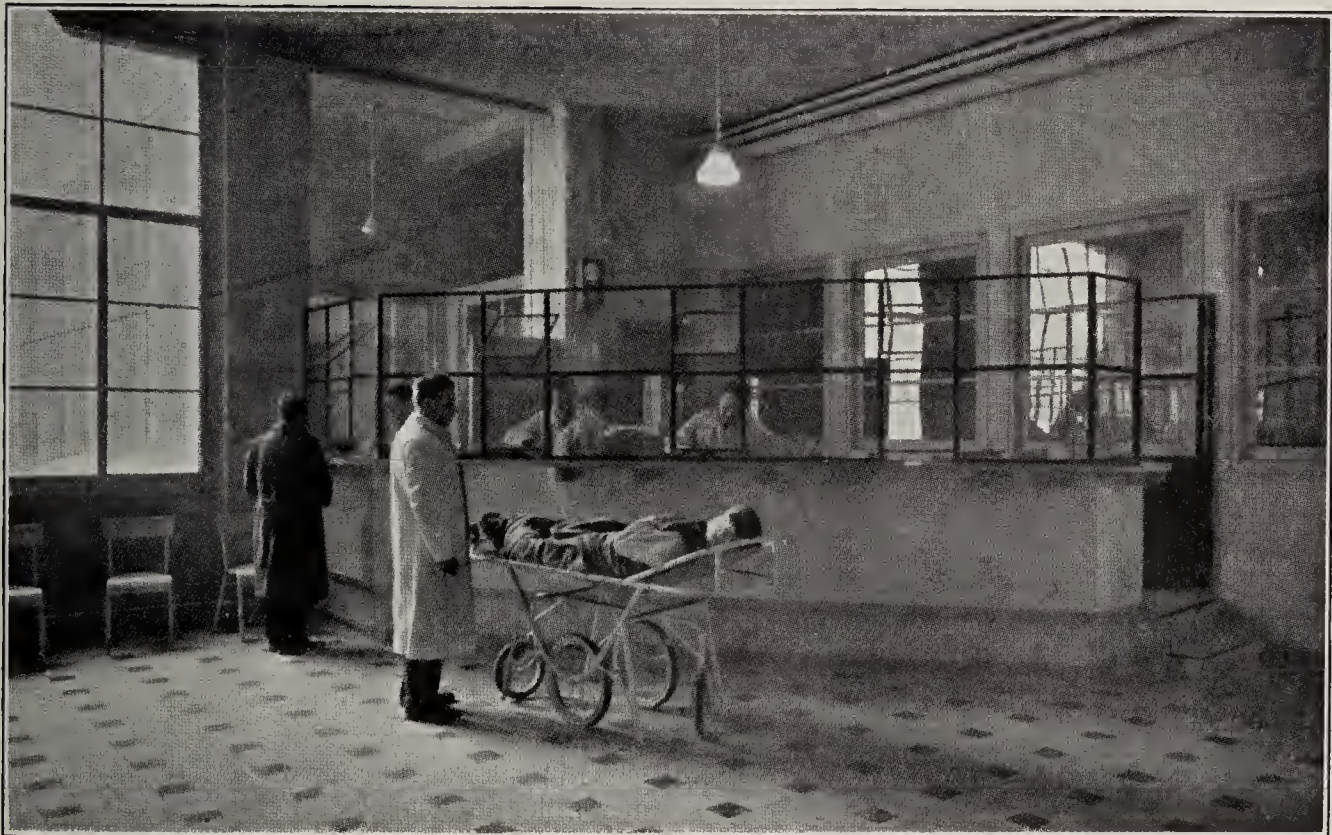
We left Paris early the following morning for Mannheim, arriving there late in the evening.

The next morning, 16th May, 1935, we set out for Ludwigshafen, just outside Mannheim, to inspect the “Marienkrankenhaus.”



Cliché de L'ILLUSTRATION.

NEW BEAUJON HOSPITAL. THE KITCHEN.



Cliché de L'ILLUSTRATION.

NEW BEAUJON HOSPITAL. ADMISSION OF PATIENT, SHOWING WHEELED STRETCHER.

MANNHEIM.

MARIENKRANKENHAUS, LUDWIGSHAFEN.

This is a new hospital in reinforced concrete built on the vertical plan by the Dominican Order five years ago. It is five storeys high in the wings and nine in the centre, and accommodates 400 patients. It is designed in a simple straightforward manner, the only ornament being two carved figures over the main entrance and four smaller figures at the back. The nursing staff numbers 100, all nuns. We were shown round the hospital by Professor Stahnke, the Director, aided by the genial Father Meissner as interpreter. (They are seen talking to the deputation in the accompanying illustration.)

The entrance to the hospital is on the north façade; the wards are all on the south side with day rooms at the east and west ends. The central nine storey building contains administrative offices on the ground floor, the chapel (two storeys high) is on the first floor, the operating theatres on the fourth floor and store rooms for various purposes, and nurses' bedrooms on the upper floors.

The largest wards in the hospital contain six beds. Being corridor wards, they are neither cross-lit nor cross-ventilated. Each floor has a day-room at the western end of the corridor. The severe modern aspect of the hospital architecture contrasted strangely with the wealth of curtains, growing flowers and pictures, with which the wards and day-rooms were decorated. Incidentally, practically all the German hospitals we visited had curtains in their small wards and day-rooms. At subsequent hospitals these were of a simple pattern, with a dustproof metal pelmet along the top. We considered that the brightness and comfort they added to the wards probably out-weighed their drawbacks.

The operating theatres are double-windowed, with floors of a composition tile and walls of a pleasing grey Majolica tile. An ingenious fly screen device is incorporated in the theatre windows. There is a separate plaster room, separate anæsthetic rooms, and an endoscopy room. The instrument sterilizer is built-in, in the wall between the instrument room and the theatre, with a hatchway over, for two-way access, but excluding traffic between the two rooms.

The central kitchen for patients and staff is at basement level, but built in an angle on the north aspect and not strictly in the main building at all. By this arrangement the smell of food cannot permeate the corridors of the hospital. An excellent system at this hospital is the cleaning of all vegetables outside the kitchen premises so that they come in clean and ready for cooking. There is a small dietetic kitchen for special diets (*e.g.*, diabetic) in one corner of the main kitchen. The kitchen, as indeed the whole hospital, was spotless, and the food looked most attractive and appetising.

Adjoining the kitchen is a service room with a separate lift to service rooms on each floor; every service room is fitted up with steam hot-plate, cold store, sink and fittings.

The heating services are municipal, steam being delivered from mains and not generated in the building.

The floor of the main hall is of natural stone, waxed and polished. To reduce noise the flooring has been laid on sand and asphalt. The ward and corridor floors are of plain linoleum very well laid.

Portions of the flat roof are available for the use of patients and shelters are provided.

At the back of the hospital is a beautiful sunken garden with decorative pond and fountain and adjoining this are several acres of vegetable garden for hospital use.

The only parts of the hospital separated from the very compact main structure are the isolation block and mortuary, some distance away. These can be reached by a subway 7 ft. 6 in. by 7 ft. 6 in., which also takes the steam pipes, &c. This subway is well lit and ventilated and is used for taking bodies straight from the hospital lifts to the mortuary, an arrangement which has obvious advantages.

There is a dirty linen chute from each floor to the laundry sorting room. The chute is lined with stone so as not to get malodorous. This desirable result was to a large extent obtained, we thought.



ST. MARIEN HOSPITAL, LUDWIGSHAFEN. FRONT VIEW.



ST. MARIEN HOSPITAL, LUDWIGSHAFEN. BACK AERIAL VIEW.



ST. MARIEN HOSPITAL, LUDWIGSHAFEN. SIDE VIEW.

In the laundry--situated in the main building--there are steam extracting funnels over the calenders.

In this hospital there are private wards with bathrooms which cost 9 marks a day, exclusive of medical attendance.

We spent a considerable time in the physiotherapy department, whose equipment was large and varied. As at most German hospitals there was a number of "Dauernbad" or long period baths. These are very wide baths for the nursing of cases with extensive burns or skin diseases by continuous immersion of the whole body in water. The patients lie on a hammock arrangement in the bath and adjust the temperature to suit their own comfort. So high an opinion is held of this method that there were one or two similar baths fitted on each floor of the hospital.

We carried away with us at the conclusion of our visit an impression of a beautifully kept hospital, where the nursing staff of nuns were giving their whole life and money to the work of nursing the sick who were in their care.

We left Mannheim that afternoon arriving in Nuremberg late at night.

The next morning 17th May, 1935, we went to inspect the Frauenklinik and Sauglingsheim, Nuremberg.



ST. MARIEN HOSPITAL, LUDWIGSHAFEN. BACK VIEW.

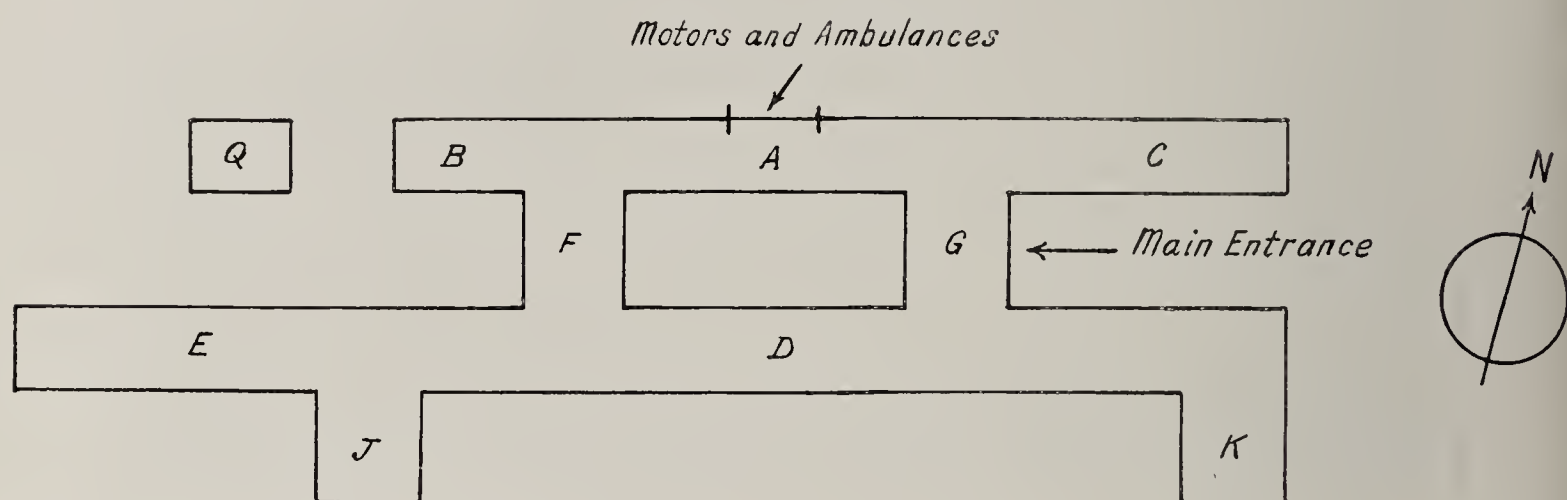


ST. MARIEN HOSPITAL, LUDWIGSHAFEN. GROUP IN GARDEN.

NUREMBERG.

FRAUENKLINIK AND SAUGLINGSHEIM.

The Hospital for Women and Children at Nuremberg is four years old. It is built on an isolated corner of the huge Municipal Hospital site, and administratively forms a self-contained unit of that Hospital. The cost was $5\frac{1}{2}$ million marks and the bed accommodation 200 women (80 obstetric, 120 gynaeceological) and 110 children, with staff bedrooms in addition. The building is of very attractive design, appearance and finish, constructed of reinforced concrete. The lay-out is somewhat complicated but can easily be followed from a diagram.



The south side is used for wards, the north side for X-ray department, operating theatres and labour wards. The connecting corridors F and G contain examination rooms, service rooms, clerks' offices, linen rooms, &c. K is an isolation block on the obstetric floors, but forms part of the gynaeceological department on the second and third floors. E is the children's hospital, and Q the quarantine block for the nursery. B, C and J are used as homes for the medical and nursing staffs, &c.

THE WOMEN'S HOSPITAL.—Four floors, lower two obstetric, upper two gynaeceological.

Obstetric Floors.—The northern wing on the ground floor is used for X-ray, radium and physiotherapy, although the gynaeceological wards are on the third and fourth floors. The reason for this is that the department is largely attended by follow-up patients; a ground floor site, therefore, is preferable.

The main part of the south façade D is composed of five-bedded lying-in wards, with a beautiful day-room in the centre, and a nursery at each end of the corridor. There are thirty beds in the general department, and another eleven, entirely separated, in Block K, with its own nursery.

Although they are corridor-wards, without cross ventilation, these five-bedded wards are very bright and well arranged. There is ample bed space (each ward is $7\frac{1}{2}$ by 6 metres). There is a wash-hand basin and four wide windows. Patients are side-on to the windows. The floor, as practically everywhere in the hospital, is covered with thick grey-blue linoleum. Two features in the wards particularly attracted us, (a) the sunken lockers, 4 ft. high, flush with the wall, at each bedside for patients' clothes, &c.; (b) a type of bed-table, which for simplicity and space-saving is incomparably better than we have seen anywhere. When not in use this is folded downwards against the foot of the bed and could hardly be seen.

The babies live in the nurseries at each end of the corridor and are only brought into the wards for feeding.

The doors are very wide and well made, placed in deeply splayed reveals faced with polished marble slabs, giving a spacious and rich effect. The corridor doors have large panes of opaque glass running most of their length, and there is a simple door-stop, fixed in the wall, not



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. FRONT VIEW.



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. CHILDREN'S SECTION SHOWING BALCONIES.

in the floor. It was noted that the corridors were not less than 8 ft. wide and 11 ft. high. The windows have plain curtains at the sides.

The first floor is identical except that the northern wing here contains the labour wards, the obstetric theatre, eclampsia room and a beautifully simple christening chapel. Half the labour wards are two-bedded, with a partition between the beds. The day-rooms, waiting rooms and some of the stairways are adorned by a few most attractive mural paintings.

Second Floor.—This floor is used for operative gynaecological cases and has 60 beds. Each ward here has six beds, except for the two-bedded separation wards in wing K. The north side of this floor is given up to the theatre suite, the lay-out of which is very good and spacious. For each of the two theatres there is a preparation room, an anaesthetic room, a large ante-room and a 'scrubbing-up room' for the surgeon and his assistants. The last is so arranged that the surgeon has a free view into the theatre while he scrubs up.

Between the two theatres is the common sterilizing room with a hatchway into each theatre. In the floor of this hatchway the instrument sterilizer is built-in. Each theatre is on the small side (23 ft. by 16 ft.), but the addition of the scrubbing-up annexe makes a considerable difference. Leading off the sterilizing room is a dressing store.

Third Floor.—This is used for what the Germans call conservative gynaecology, *i.e.*, non-operative cases. The wards here are larger, containing up to eleven beds each, arranged in two rows. The row of beds away from the windows has not quite the amount of light and air which we think desirable, and these wards illustrate the conclusion we came to that a corridor-type ward is really satisfactory only if not larger than six beds. There is, however, a very pleasant day-room with a verandah available for the patients occupying these wards.

THE INFANTS' HOSPITAL has wards on three floors. Its long front wall is slightly curved. It is used mainly for sick children, and partly for a number of healthy ones (all under 1 year old). The largest wards here have four cots, and are situated on the south side of the corridor. Each ward is self-contained, with a glass partition between it and the next and a combined bathroom and sluice room in one corner. A movable glass screen also separates each pair of cots. A French window leads from each ward on to a balcony. These balconies have a very interesting feature; they are indented between each ward, in order not to cut off sun and air from the ward below.

The Chief of the Frauenklinik is Professor Gänssbauer, who showed us round. We also owe a great debt to his assistant, Dr. Van der Merwe, a South African doctor, who gave up practically a whole day to show us everything we wanted to see in Nuremberg.

The Frauenklinik is staffed partly by ordinary trained nurses and partly by deaconesses, the famous German lay order of nurses. The Säuglingsheim is partly staffed by a grade of children's nurse.

We subsequently saw part of the general hospital including the surgical department, where Professor Kreuter showed us round his theatres. He had just completed his 902nd gastric operation.

We also inspected the Institute of Pathology, where there is the largest post-mortem room we have seen.

Various Observations.

The Frauenklinik has a yearly turnover of 1,800 obstetric and 2,000 gynaecological cases. Obstetric cases are kept in 10 days.

There is a direct lift to each floor from the clean linen room in the basement. Shoots are used for the dirty linen.

We saw a good hinged draining board which could be kept really clean all around.



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. VIEW OF WOMEN'S WARD.



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. A DAY-ROOM.

At the end of our inspection, the Director kindly invited us to lunch, and afterwards the Municipality invited us to be their guests on a tour of inspection of the beautiful old mediæval city. This we thoroughly enjoyed. Again we were very indebted to Dr. Van der Merwe for accompanying us and acting as guide and interpreter.

The next day, 18th May, 1935, we travelled to Vienna, arriving there in the evening.

Sunday (19th May) we took as our only day of rest out of the fifteen and in the afternoon we went to see the large "Karl Marx" buildings and other places of interest. On Monday morning, 20th May, we inspected the Wilhelminspital.

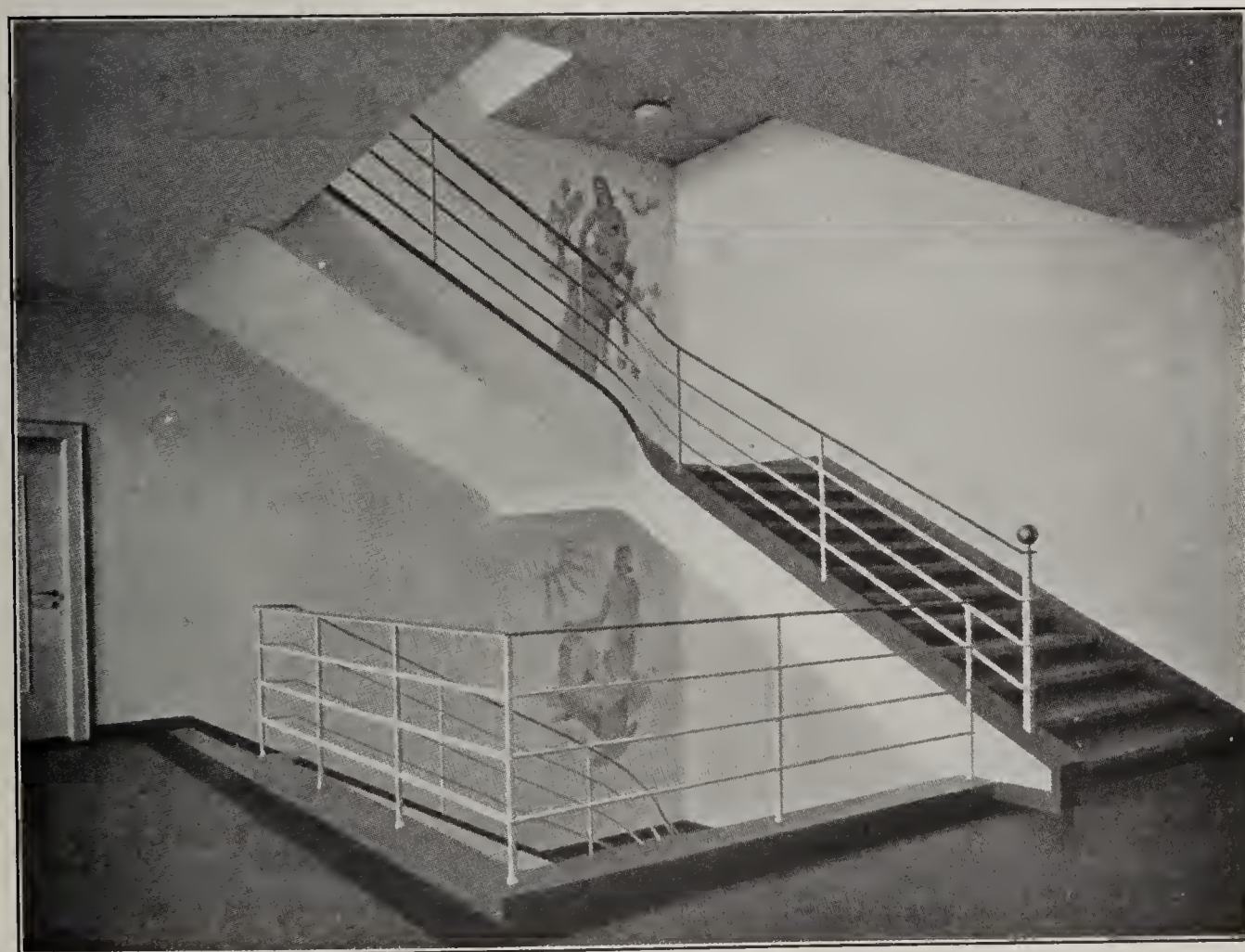


WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG.

A MAIN CORRIDOR WITH WAITING RECESS AT END.



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. CHRISTENING CHAPEL.



WOMEN'S AND CHILDREN'S HOSPITAL, NUREMBERG. STAIRCASE.

VIENNA.

In Vienna Dr. Muller, Chief Medical Officer of the Ministry of Health, welcomed the County Medical Officer as representing the delegation and kindly arranged for Dr. Khaum, of the Ministry, to act as interpreter and conduct us round the hospitals. Our visits here, as elsewhere, were confined to places of interest strictly from the point of view of hospital construction. Thus we did not visit such world-famous hospitals as the Allgemeine Krankenhaus or Dr. Bohler's Accident Hospital, but spent the time inspecting two recent hospital blocks at hospitals on the northern outskirts of the city—at the Wilhelmina Hospital and the already renowned Tuberculosis Pavilion at Lainz part of the Krankenhaus der Stadt Wien.

THE WILHELMINSPITAL.

This is a state hospital covering a large area, and consisting mostly of separate ward blocks. The Director, Dr. Schmidt, discussed with us at some length the various problems peculiar to the vertical hospital, in the light of his personal experience. He emphasized the simplification of services and of transport and went over the pros. and cons. of basement *versus* roof kitchens, operating theatres, &c., and the benefits and design of verandahs.

The new block is five storeys high and is partly used for cases of pulmonary and surgical tuberculosis. There are well laid out and extensive gardens all around with fine vistas over Vienna and the surrounding country. The top floor is used for pulmonary tuberculosis. It has a large verandah, half the width of which has a concrete roof which slopes upwards and outwards thus allowing more sun and air. The iron terrace couches usual in continental hospitals are used for the patients in place of moving the beds out.

There is a special artificial pneumothorax room with an interesting board for recording the date and capacity of refills.

Corridor and ward floors are covered with linoleum with flush terrazzo borders; the fire hoses are sunk in the corridor walls. The bathrooms have movable baths with no fixtures, the effluent running into a gulley in the floor, a plan which appears to be the only hygienic alternative to the fully built-in bath. Shower baths are also fitted everywhere.

In the residents' quarters we saw a dado-material used, vitreous tiles up to a level of 7 ft., in all corridors and bathrooms; although very easy to keep clean we noticed they were already cracking in places. The ward kitchens are lavishly equipped. They have a very large multi-locular refrigerator built in. We also inspected an excellent hot-food trolley with a steam bath for keeping the vegetables, &c., hot, at the same time preventing them from drying.

Each floor is furnished with a bedpan cleanser and sterilizer and there is a bedpan trolley to take the bedpans to the wards. This has a urine bottle rack on top. We saw a very elaborate dirty linen sorting room (found on each floor) with glazed tile compartments for all manner of articles. The declared purpose of the respective compartments did not, however, seem always to be adhered to! There is also on each floor a store for patients' own clothes. There are two tiers of lockers all round the room—these lockers are about 5 ft. high with a small compartment for hats in each. A metal ladder slung from and running on an overhead horseshoe railway is used to reach the top tier. The ladder is slightly sloped and “stays put” anywhere in the room.

An alloy new to us, called “Turana” metal, is used at this hospital for sinks and hot-food plates. It is stainless and requires no polishing. At this hospital also we saw a housemaid's cupboard that did not have a musty smell. These are built-in along the corridor walls—with a ventilating grating to the outside air, top and bottom—they are almost 9 ft. high and so take the longest brooms.

The large wards are built to contain 10 beds—they actually had 16 however. They are lighted and ventilated on two adjacent sides, being placed at the end of the corridor. The side wards mostly have three beds, parallel to the corridor. All wards are 14 ft. high and are painted a dead white. Each floor has two main wards and seven side wards. The corridors are 9 ft. wide and 14 ft. high, and access to the wards is by recessed doorways in widely splayed reveals.

We inspected the X-ray department, which is very well planned with good waiting and changing rooms and an excellently arranged record office. We also marvelled at the variety and apparent potency of the equipment in the physio- and hydro-therapy departments.

The nursing staff of the Wilhelmina is composed partly of religieuses and partly of lay trained nurses, about half and half, each with their own matron responsible to the Director. We were informed that it had been necessary to close the nurses' training school because there were already too many nurses in Austria. Some of the nurses are married women.

After being guests of the Director for lunch, we proceeded to Lainz to inspect “The Lainz Tuberculosis Pavilion.”



WILHEMINEN HOSPITAL, VIENNA. BACK VIEW.



WILHEMINEN HOSPITAL, VIENNA. SIDE VIEW.



WILHEMINEN HOSPITAL, VIENNA. VIEW OF BALCONY.

LAINZ.

LAINZ TUBERCULOSIS PAVILION.

The City of Vienna Hospital at Lainz contains a thousand beds, and is under the control of the Director, Dr. A. Baumgarten, who made us welcome and took great pains to show and explain the many features of interest in the hospital and in its equipment.

The site is on rising ground beyond Schonebrunn, once the summer palace of the Emperors, and on the fringe of the Wiener Wald, immortalised by Strauss. These woods extend continuously for about fifty miles and form ideal surroundings for the hospital. Although only 22 years old most of the hospital already looks out-of-date, but the Tuberculosis Pavilion was built only five years ago by the Vienna Municipality, and no expense was spared in its construction or equipment. It is a magnificent building, 150 yards long, with five floors and 320 beds, half for men and half for women. The cases treated are pulmonary tuberculosis and the pavilion corresponds in function rather closely to our Brompton Hospital, i.e., a hospital for observation, investigation and initiation of treatment of pulmonary tuberculosis. The middle part of the block on the lower two floors is used for recreation and day rooms. All the wards look south, the service rooms, offices and annexes generally to the north. The greater part of the third and fourth floors south of the corridors is given over to wide sun terraces. Here again spacious, airy entrance halls and wide corridors are conspicuous.

The largest ward has only six beds, with ample space in the ward centre, and two really wide windows down to the floor, these can be swung up leaving the whole front of the ward open to the air.

The window space is generally one-fourth of the floor area of rooms.

There are also a number of two-bedded wards.

Inasmuch as the pavilion is used mainly for "open" tuberculosis, equipment for disinfection has had particular attention. Each "station" or group of wards (a half-floor in this case) has a steam steriliser for bedpans and for sputum mugs. There is, moreover, a central disinfecting plant for all dirty linen before it is sent to the laundry, and another for mattresses.

The Pavilion has its own departments for X-ray, light therapy, chest surgery, inhalation therapy and out-patient follow-up work, particularly pneumothorax refills. The verandahs are about 8 yards in depth and really serve as exercise ground in bad weather as well. Large lifts take patients from the lower three floors directly up on to the verandahs. They are furnished with the usual steel couches. Separating each pair of verandahs (for men and women) is a nurse's room, whence she can keep an eye on the patients on each side. The awning on the upper verandah is spread on a steel frame, leaving a clear space of about a yard between it and the wall, thus avoiding the heat stagnation usual under awnings in summer.

Various observations.

A novel bed-board. This is made of metal painted white. One panel is for the loose letters of the patient's name, the other contains little hinged tabs for diet (1, $\frac{3}{4}$, $\frac{1}{2}$, $\frac{1}{4}$ or nil), only the one applying to the patient being turned up into position. Another red tab is turned up into view if the patient suffers from recent hæmorrhage and a blue one if the patient has any fever. Any nurse can thus see at a glance if a patient should be allowed out of bed, &c., an obvious boon with frequent changes of staff. These tabs have an ingenious device by which the sister can lock them in position so that no one else can tamper with them. The board is shown in the illustrations.

All beds are provided with wireless plugs and switches to call-lights.

A new and very good type of bed-buffer is used at Lainz. It is a rotating wheel, 4-in. radius, fixed around the legs of the beds 6 in. from the ground. It is tyred with rubber. The terrazzo border of the floor is continued round the cove as a skirting 8 in. high. The buffers impinge on this.

The emptying and cleansing of sputum mugs, one of the most unpleasant duties of a nurse, has been reduced to a fine art at Lainz. All the mugs are of heavy cast metal with a groove around their waists. Twice a day a sputum-mug trolley comes round. The mugs are lifted with special



VIENNA CITY HOSPITAL, LAINZ. VIEW OF TUBERCULOSIS PAVILION.



VIENNA CITY HOSPITAL, LAINZ. A WARD IN THE TUBERCULOSIS PAVILION.

tongs on to a rack which engages the grooved waist of the mugs. They are taken to the mug disinfector, where as soon as the door is secured they are mechanically upturned, rinsed by a powerful stream of hot water and finally sterilised by steam under pressure. Incidentally the mugs when in use at the bedside are fixed by their waists to a hinged holder attached to the patient's locker so that it is impossible for their contents to be spilt.

Bed and body linen also is thoroughly disinfected. This is done by means of special tanks in which the linen is hung under water at 85° C. for an hour and a half.

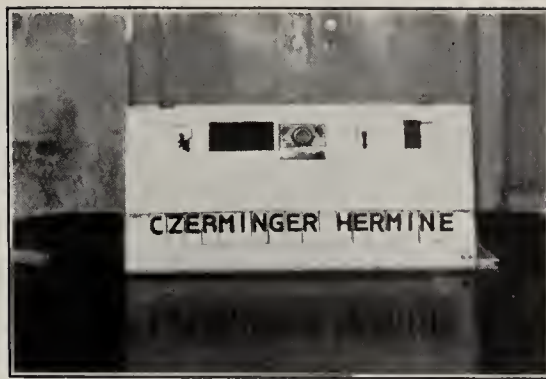
The food trolleys have a receptacle underneath to collect food waste, which is all burnt. They also have a hot-water compartment, to prevent drying up of food, made of "Turana," as at the Wilhelminspital.

The floor covering used is almost entirely thick plain linoleum flush with terrazzo borders. The stair treads are of linoleum with marble risers, and the open verandahs are floored in multi-coloured tiles.

The next morning, 21st May, we left the beautiful city of Vienna for the equally lovely city of Dresden. The following morning, 22nd May, we set out to inspect the Children's Hospital and the Nurses' Training School.



VIENNA CITY HOSPITAL, LAINZ. A BALCONY IN THE TUBERCULOSIS PAVILION.



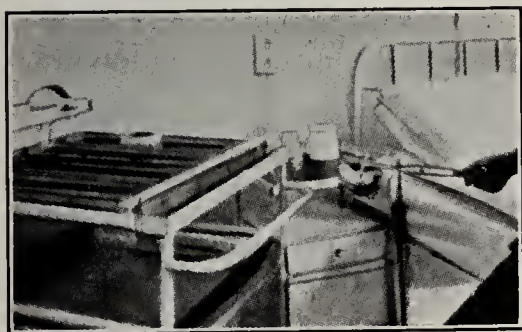
VIENNA CITY HOSPITAL, LAING. SPECIAL
BED BOARD.



SPUTUM MUG, LID AND FORCEPS.



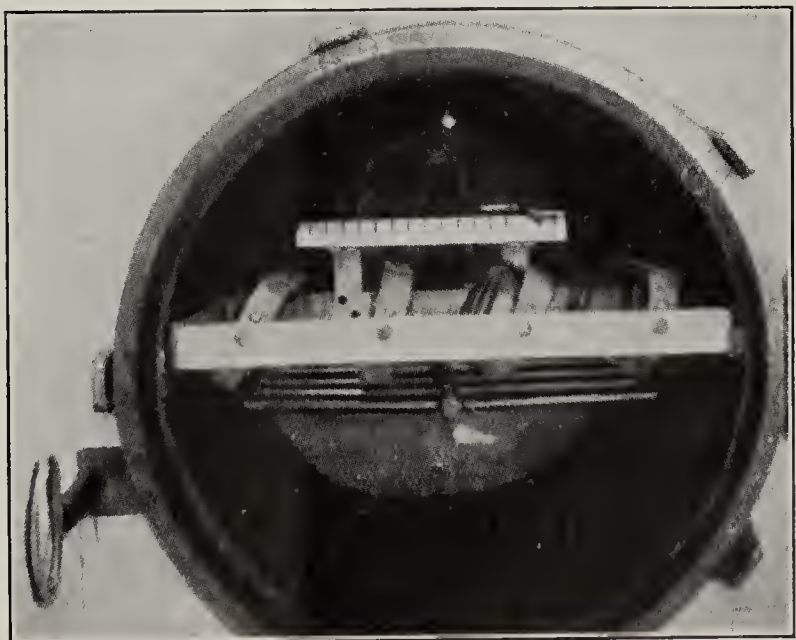
SPUTUM MUG HINGED IN POSITION AND
ALSO HELD IN FORCEPS.



SPUTUM MUG BEING TRANSFERRED TO
SPECIAL TROLLEY.



SPUTUM MUG BEING TRANSFERRED FROM
TROLLEY TO STERILIZER.



SPUTUM MUG BEING EMPTIED INSIDE THE STERILIZER.

DRESDEN.

THE CHILDREN'S HOSPITAL AND THE NURSES' TRAINING SCHOOL.

The above two buildings are adjacent to each other and are self-contained units of the Johannstadt General Hospital. They were built six years ago at a cost of eight million marks.

The Johannstadt Hospital is under the direction of Dr. H. Jenson, who accompanied us in our visit both to the children's hospital and the nurses' home and showed us every attention. At the children's hospital we were also happy to have the company of Prof. Dr. Bahrdt, who is in charge of this section and was most enthusiastic in his explanations of the working of the unit.

The *administrative block* contains the consulting rooms used by Prof. Bahrdt for his private cases, a fine lecture theatre for 120 people, a museum, reading room and a children's polyclinic or out-patients' department. The latter contains accommodation for numerous branches of pediatrics, medical, surgical and even child guidance clinics. The lecture rooms are used not only for the nurses of the kinderlinik but also for midwives, district nurses, fever nurses and welfare workers. Indeed, at the time of our visit one was being used by about 60 district nurses listening to a lecture on National Socialist ideas.

The main block of the kinderlinik is a handsome concrete building of five storeys with flat roofs. It is notable for its balconies to every ward, and for the way each of these is set back above the other, so as not to shut out the sun.

The total bed accommodation is 180.

On the roof is an entirely open-air ward for pulmonary cases.

On the third side of the garden is the nurses' training school.

The garden itself is shady with tall silver birches under which the children rest, walk or play. There is also a sand pit for the children, and an ornamental fountain.

On the ground floor are the 25 cubicle wards. All children admitted have to pass through these, where they are isolated for variable periods, on the average about nine days. The partitions from a height of 4 ft. up are glass, so that the children are easily supervised. We noticed that the glass partitions do not prevent the children from making friends with and amusing each other. Each cubicle is about 6 ft. wide, 12 ft. high and 18 ft. long. It is entirely self-contained, with its own bath, sluice, dressing trolley and locker. The south side is a glass door opening on to a common verandah. The cubicles are entered from a very wide corridor or hall, in which the sister normally sits at her desk and can see all the children. The rest of the ground floor and the floors above are divided into two, four and six bedded wards.

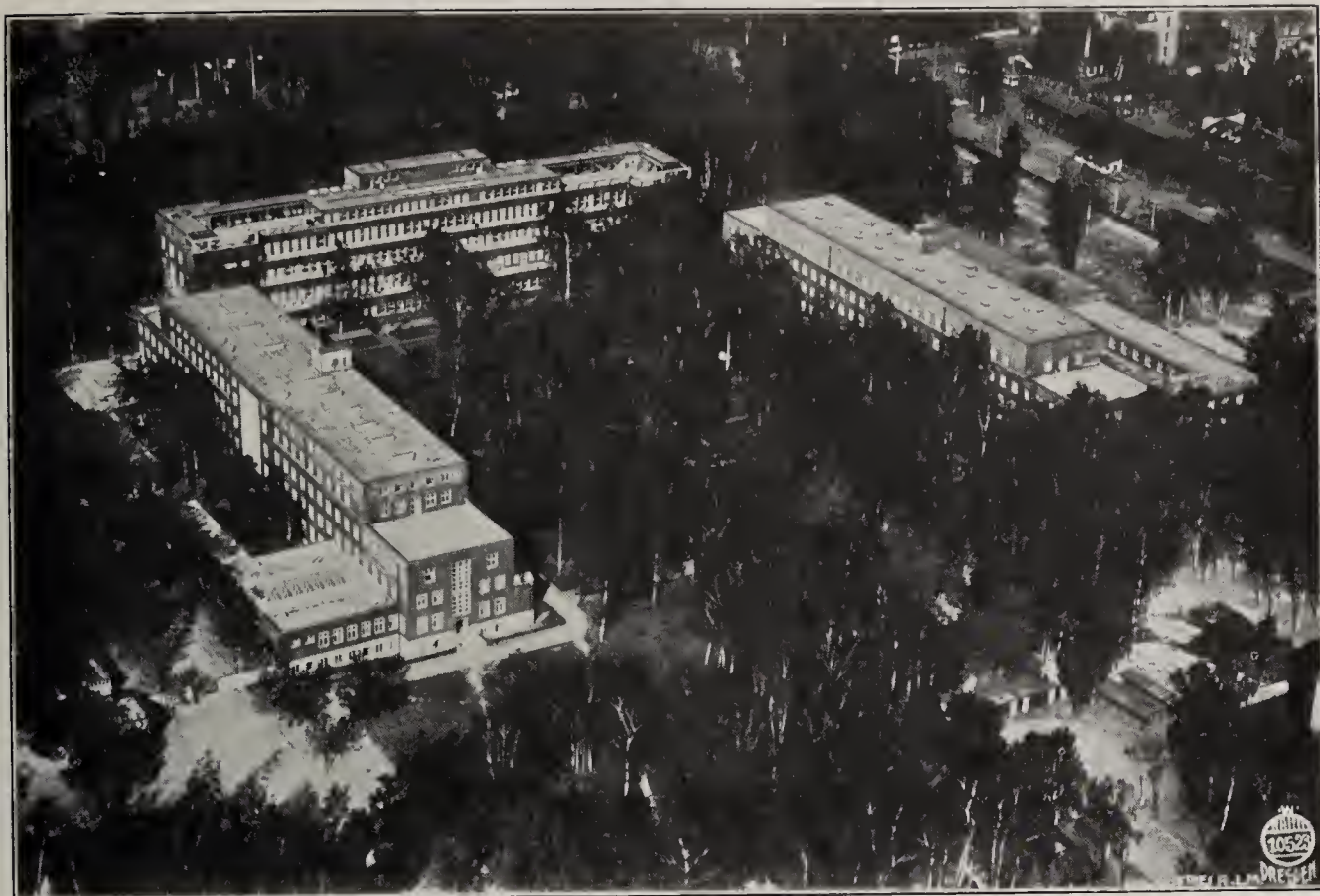
During our visit quite three-quarters of the children on the upper floors were outside on the balconies, each bed was shaded by an attractive orange sail-like awning which the children learn to adjust according to the progress of the sun.

We observed one or two valuable points in the construction of the children's cots which were new to us. The other side of the corridors has the usual ward offices, milk sterilizing and bath-rooms, examination and surgical dressing rooms, ward kitchens, &c., but even so it seemed that the full utilization of the northern aspects had, as usual, been something of a problem for the architect.

The partitions of the larger wards also are of glass for the most part.

The floors generally are covered with linoleum and the rooms are approached by wide corridors—in one case 17 ft. 9 in. wide—through wide doors set in deeply splayed reveals.

The open-air wards on the roof have about a dozen beds each. These are wheelbarrow beds, with two wheels one end and two legs and handles the other. This design is that of Von Pirquet, the famous Viennese pediatrician. The beds can thus be wheeled under cover rapidly and easily by one person. Both wheels and legs are rubber covered. Ventilated wooden lockers are provided for patients under the sheltered portion of verandahs.



THE CHILDREN'S HOSPITAL, &C., DRESDEN. AERIAL VIEW.



THE CHILDREN'S HOSPITAL, &C., DRESDEN. MAIN ENTRANCE.

The Nurses' Training School is planned on ambitious lines. Nurses in training are divided into "families" or houses of 24. There are 12 of these. Each family is under the care of a "mother" who is a nursing sister. One of these "mothers" we met was a most pleasant young woman, who took great trouble in showing us round the home. She spoke very good English although she had never been to England. The subdivision of the nurses into small families is claimed to develop a responsible, self-reliant type of girl, who is taught from the first to do everything for herself. The nurses sleep in two-bedded rooms. These rooms have no wash-hand basins, the latter are placed together in the basement, each nurse can curtain herself off from the others in a space about 3 ft. 6 in. by 3 ft. Opening out of this room are shower-bath rooms. In another part of the basement was a large swimming bath, partly constructed.

There is a sumptuous concert hall in the Nurses' School and very well-equipped lecture rooms and practical rooms.

The refectory is a fine room, with a central service kitchen receiving the food by lift from the kitchen directly beneath.

Each probationer spends six months in the preliminary training school, where she is thoroughly taught general housework and housekeeping in addition to anatomy, hygiene and physiology. She then spends two years in the wards, receiving lectures the while. At the end of this time she becomes a trained nurse if she passes her examination. During the whole period of training she remains a member of the same "family."

The *Septic Block of the Frauenklinik* which is situated in another district of Dresden was also visited. Here accommodation is provided for septic gynæcological cases as well as septic abortions and puerperal fever. The largest ward had six beds and was of the corridor type. Most of the wards, however, were single or double.

A very pleasant nursery was provided for the babies of the mothers under treatment. We were interested also in the operating theatre here, with its Zeiss reflector operating light for perineal operations.

The cupboard doors had French casement locks—a most expeditious feature.

At the frauenklinik we saw numerous cases of pelvic inflammation being treated by the recently introduced ultra-short wave diathermy and the staff were most enthusiastic about the results.

Our visit was unexpected and we are very grateful to the medical officers who kindly welcomed us and showed us round.

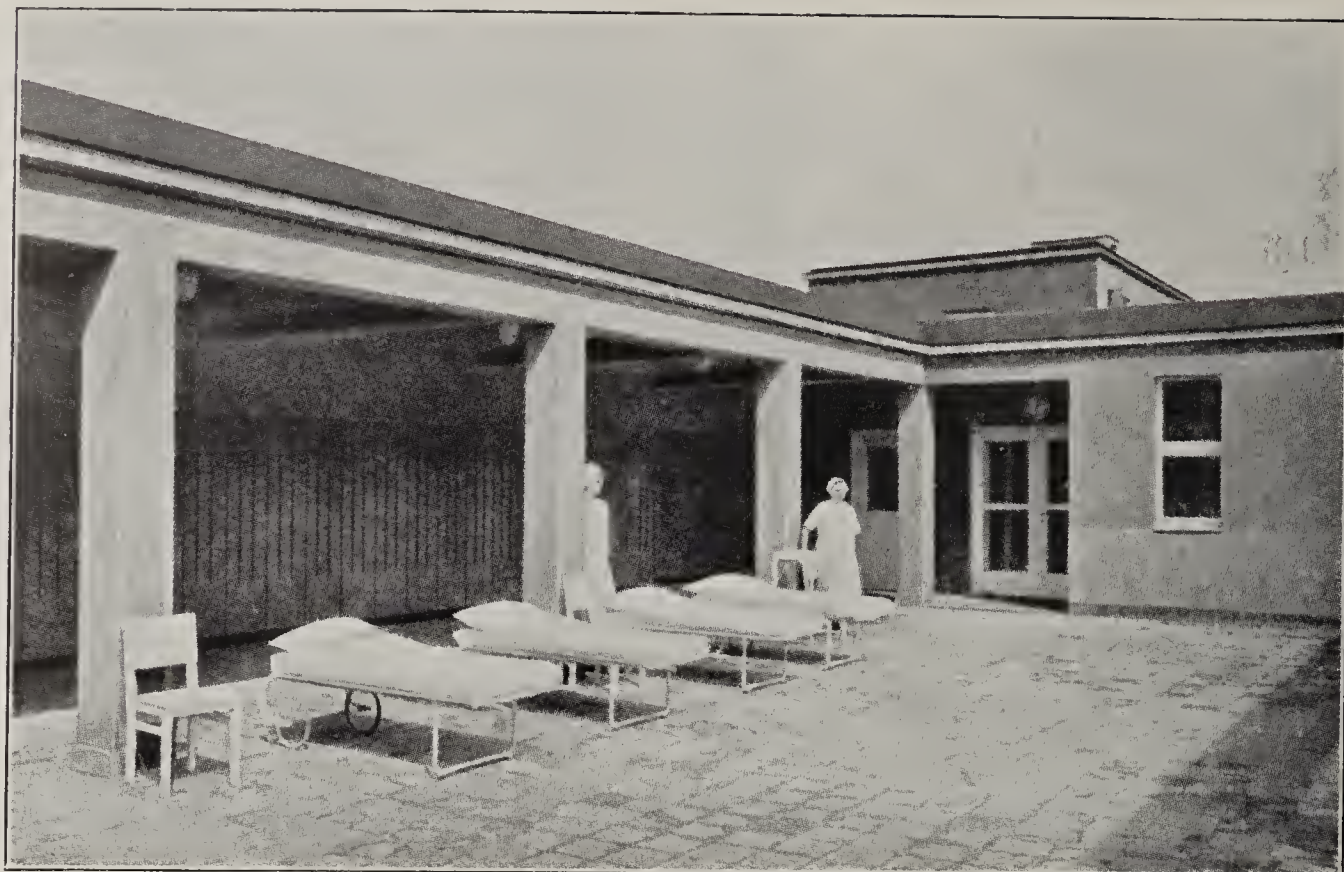
The next morning, 23rd May, we left Dresden with many regrets at the shortness of our visit to so beautiful a place. We arrived in Leipsic the same evening. The following day, 24th May, we visited the Children's Clinic and the Orthopædic Clinic.



THE CHILDREN'S HOSPITAL, &C., DRESDEN. ONE OF THE COURTYARDS TO NURSES' TRAINING SCHOOL.



THE CHILDREN'S HOSPITAL, &C., DRESDEN. A CHILD'S WARD (SINGLE).



THE CHILDREN'S HOSPITAL, &C., DRESDEN. A ROOF WARD FOR TUBERCULOUS CHILDREN.



THE CHILDREN'S HOSPITAL, &C., DRESDEN.
STEPPED BALCONIES OF CHILDREN'S WING.



THE CHILDREN'S HOSPITAL, &C., DRESDEN. A WARD.



THE CHILDREN'S HOSPITAL, &C., DRESDEN.
A CHILD'S WARD (DOUBLE).

LEIPSIC.

CHILDREN'S CLINIC.

These buildings were erected at various times since 1890 and a few of the later additions were inspected.

The character of the buildings was not such as to afford a useful guide to the delegation and no special structural points were noted. Professor Dr. Kattell and his assistant demonstrated the system of dealing with admissions, quarantine, &c., and we are much indebted to him for his courteous assistance.

ORTHOPÆDIC CLINIC.

This building, or group of buildings, was erected in 1930 and is situated on a triangular site and planned around three courtyards and two enclosed gardens.

The building is generally five storeys in height with a central tower carried up two additional storeys.

The main front is to the south-west and patients have access on this front to enclosed gardens facing same.

The various floors on this front are stepped back to give verandah space to each floor with the maximum amount of light and sun.

The south-west wing contains 40 male beds, 40 female beds and 45 children's beds, the last being on the second floor.

The number of beds per room is limited to four adults or seven children, and the majority of rooms are for one or two patients only. Reclining terraces are provided on the roofs with canvas screens for patients.

About half the building space is given up to theatres, workshops, gymnasia, and departments of hydrotherapy and physiotherapy.

Practically all the wards face south-west (owing to the exigencies of the site), and a few to the south-east.

The children's wards have their seven beds arranged in a single row adjacent to the windows, which open on to a terrace.

We were conducted round the building by Professor Schede and his two assistants. The plaster rooms have several novel features such as a hinged plaster tank with a sieve to prevent the plaster from escaping and blocking the sink.

The orthopædic table used is Lange's, modified by Professor Schede himself. All the plaster bandages, we were surprised to learn, are bought ready made.

There are two theatres, one for operative and the other for manipulative orthopædics. The theatres face north-west and catch the sun on summer evenings.

Adjoining the operating theatres are preparation, anæsthetic, sterilizing and treatment rooms.

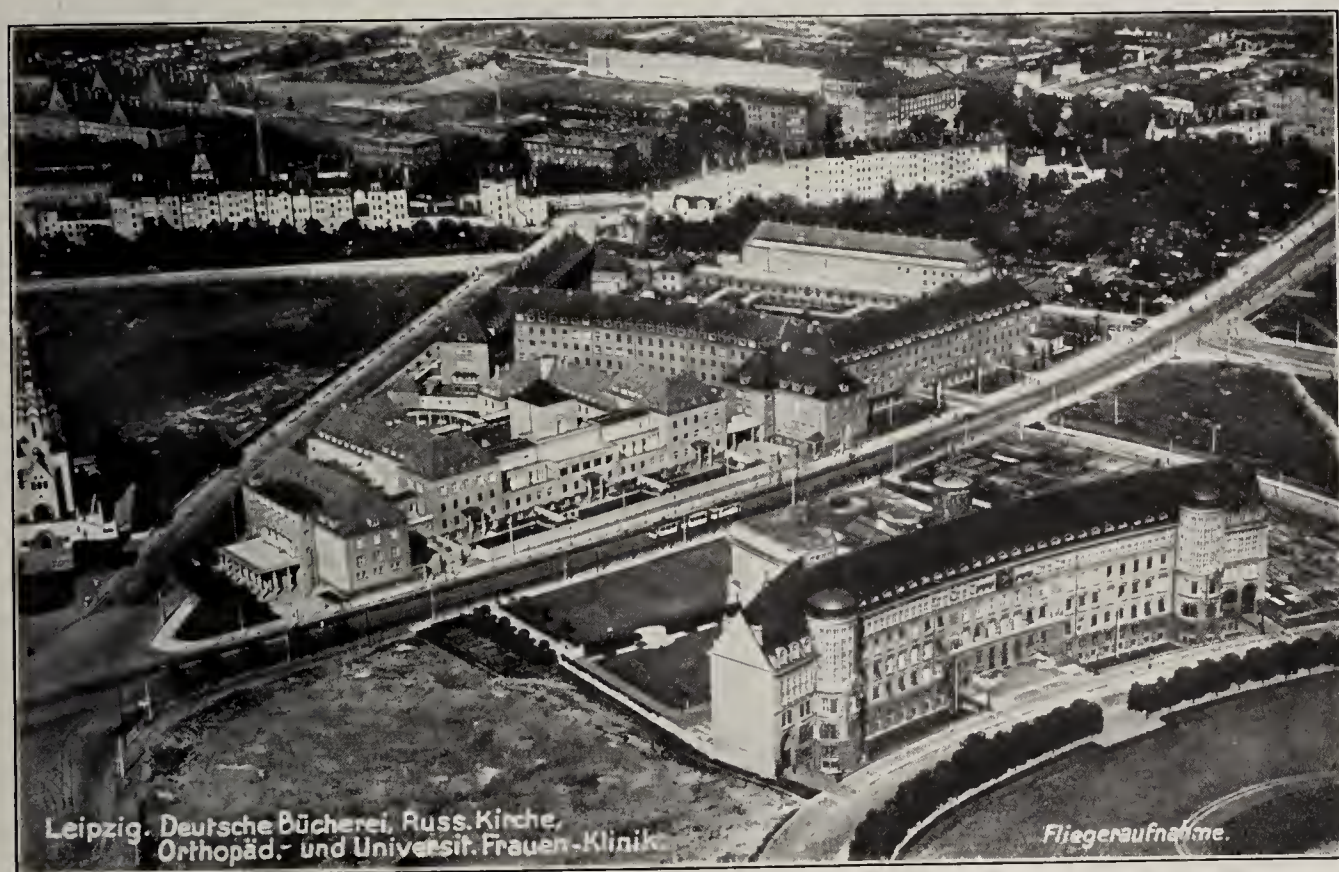
Two gymnasia are located on the ground floor, one for each sex, each 29 ft. 6 in. by 42 ft. 6 in. by 19 ft. high, well equipped with special apparatus.

Adjoining are waiting and changing rooms and also a measuring room. There are daily sessions from 8 to 12 a.m., 3 to 7 p.m., and 8 to 9 p.m. for patients at work during the day.

The lecture hall or theatre was built up in an interesting manner, the seating being formed on special cast-iron framing. The wide swing doors behind the lecturer open on to a long hall so that students can study the gait of patients without leaving their seats. The doors when closed form a blackboard for the lecturer. Cinematograph and epidiascope are, of course, fitted. The eight large windows of the lecture theatre have light-proof blinds which are drawn electrically in ten seconds, they reach the bottom simultaneously although the windows are of different lengths. This is arranged by means of different diameter rollers. The long hall corridor in front of the lecture theatre is fitted with an overhead "railway" about 20 yards long. A pulley is run on this,



CHILDREN'S CLINIC, DRESDEN. ENTRANCE HALL.



ORTHOPÆDIC CLINIC, LEIPSIK. AERIAL VIEW.



ORTHOPÆDIC CLINIC, LEIPSIK. FRONT VIEW.

supporting a patient by the arms when re-learning to walk after a fracture. He can adjust the suspension himself to a nicety according to his confidence and increasing efficiency. This device, which is also fitted in connection with the wards, prevents accidents during convalescence from fractures and is a most effective means of hastening the recovery of function.

For large plaster cases, the use of a sliding bedpan frame is general in the hospital. Another very valuable apparatus is a "running tricycle" for plaster cases, to enable children after operation on dislocated hips to get early movement. Numerous mechanical devices are used in the wards themselves to move joints and limbs. Some of these we thought of considerable value.

An elaborate studio is fitted up for taking photographic records of patients at each stage of treatment, with a device for always securing the same fixed position of the patient. We spent a good deal of time going round the hydrotherapy room, where there are medicinal baths of all kinds. The large bath for "walking under water" is found very useful in cases who have been bedridden with arthritis or infantile paralysis.

Residential accommodation is provided for the Director, medical, nursing and domestic staffs. The general floor covering is linoleum, but tiles are used in operating theatres, bathrooms, lavatories, kitchen and sculleries. Dutch tiles form the paving to entrance halls, and slate slabs that of passages to gardens.

The external elevations are of quiet and dignified design, the walls being finished in cement rendering or roughcast with pitched roofs.

Internally, simplicity and utility has been studied and all decoration has been omitted, flat surfaces to wall faces, doors, &c., being almost universal.

Special notice was taken of the spacious and well-lighted corridors which were extended at their ends to form spaces for chairs and tables.

Electricity is supplied from outside mains and transformed on the site to 220 and 380 volts.

The cost of the building was about 3,000,000 R.M., for furnishing and equipment 530,000 R.M., and for laying out grounds 250,000 R.M.

The cost per bed is about 31,200 R.M.

We felt that our visit to this hospital had been most useful as we were introduced to many new appliances for orthopaedic treatment.

The next morning, 25th May, we left for Berlin arriving there that evening, and on the following morning, 26th May, we went to visit the Martin Luther Hospital.



ORTHOPÆDIC CLINIC, LEIPSIC. ENTRANCE HALL.



ORTHOPÆDIC CLINIC, LEIPSIC. PART OF CORRIDOR WITH WAITING SPACE.



ORTHOPÆDIC CLINIC, LEIPSIK. ONE OF THE GYMNASIA.



ORTHOPÆDIC CLINIC, LEIPSIK. LECTURE THEATRE.

BERLIN.**THE MARTIN LUTHER HOSPITAL.**

This is a modern hospital for 420 beds in the Grunewald suburb of Berlin. It was built and is operated by the Evangelical Churches. Its plan, in the main, is similar to the Marien Krankenhaus at Ludwigshafen, with the addition of a spur on the south aspect built round a well.

Great care has been taken in planning the building in an economical manner, but no feeling of restriction was noticeable. The corridors are about 7 ft. 6 in. wide by 11 ft. high.

Prof. Munk, the director of the hospital, who received us with great cordiality, showed a justifiable pride in the design, which he informed us was his own conception.

The centre portion is six storeys in height, and the remainder five storeys high exclusive of a semi-basement.

Since it was built, four years ago, two other hospitals in other parts of the world have been built on an identical plan. The entrance is in the centre of the northern façade, where there is a spur containing offices with theatres overhead. There are also two other spurs on the north side near the east and west ends. These contain, among other things, the laundry and receiving rooms. The wards are all situated on the south side in the wings and around the well. The kitchen is placed on the top floor and has been found very satisfactory in this position. Steam, gas and electricity are used for cooking. A notable feature of the hospital is the absence of smells and the absence of noise anywhere. The pathological laboratory and the mortuary are in the eastern spur and can only be reached from the outside or by means of a special lift. Accidental entry of strangers is thus obviated. The few large wards contain six to eight beds, and being situated at the corners are lit and ventilated from two sides.

No balconies or verandahs are provided, but the wards have opening casement doors, with protecting balustrades, giving views to the well-wooded gardens of the hospital.

On the roof is a pleasant terrace for convalescent patients, and at the back of the hospital a beautiful garden has been laid out, with woods surrounding it about 200 yards away. The various floors are given up to surgery, medicine, gynæcology and obstetrics. The west wing is composed of one and two-bedded private wards.

The east wing is also divided into single wards and is used entirely for seriously ill patients. All seriously ill patients thus have single-bedded wards, doing away with distress to other patients, and particularly solving the problem of public death, which is one of the worst characteristics of large general wards. This was one of the most valuable features we saw abroad anywhere, and Professor Munk assured us that with their system of call signals and an adequate nursing staff it was possible to give the patients even better attention than in general wards.

There are six operating theatres arranged in pairs and adjacent. These are placed in a wing on the north front on the 2nd, 3rd and 4th floors.

The X-ray department is not large, but very well and simply arranged. There is a separate room for opaque meal work. Philips-Müller Tubes are used for diagnostic work and a tube by a Berlin firm called Sanitas for therapy. We visited the bakehouse in the basement and much admired its cleanliness and the attractive bread made there. One man bakes for 600 persons, making eight kinds of bread. The food generally at this hospital (as at Ludwigshafen) was much more appetising and attractively served than anything we have seen in English hospitals, and would compare favourably with that of a good restaurant.

The medical staff is composed of three main units, each unit under a director. Each director has one assistant and two internes or house surgeons. Professor Munk is the director of the surgical unit and the general superintendent as well.

The hospital nursing is staffed by the order of deaconesses, and we were very highly impressed by their smartness and obvious efficiency; they all looked born nurses. Even the dispensers are deaconesses.



MARTIN LUTHER HOSPITAL, BERLIN. AERIAL VIEW.



MARTIN LUTHER HOSPITAL, BERLIN. FRONT VIEW.

Externally the lowest floor is faced in brickwork and all walls above first floor level are rendered to a smooth surface, giving a feeling of light and cleanliness.

All fuel and goods are delivered at the base of the building by a special road eliminating interference with the hospital routine.

The following (Sunday) morning, 27th May, we left Berlin for Brussels, where we spent the night, starting early the next morning for England. We arrived at Victoria at 3.35 p.m., and were very pleased to be welcomed home by the Chairman of the County Council.

So ended, what was to us, a most instructive and delightful tour, one that we shall never forget.

We should like to place on record our thanks for the great kindness and courtesy that we received from all the hospital staffs during our tour. They made us feel that our visits to their hospitals were a great honour and pleasure to them, and we hope that when our new hospitals are built we shall have the pleasure of showing to them what we have been able to achieve in hospital construction.

In concluding this report we should like to thank you, Sir, and the members of the County Council for giving us the unique opportunity of seeing some of the more modern European hospitals. We feel sure that our visit will be of great benefit to the patients who will come to our hospitals through the added knowledge which we have gained for their treatment and comfort.

FLORA M. BAKER,

Chairman of the Public Health Committee.

EDWARD EDWARDSON,

Vice-Chairman of the Public Health Committee.

KATHLEEN LOVIBOND,

Chairman of the Southern Hospitals Committee.

ALEC. CAMERON,

Chairman of the Central Hospitals Committee.

J. TATE,

County Medical Officer of Health.

W. T. CURTIS,

County Architect.

IVOR LEWIS,

Medical Superintendent, North Middlesex County Hospital.

NOTE.—The delegation are indebted to the various hospital authorities, and publishers, for permission to reproduce many of the illustrations, which are mainly from literature and postcards, obtained during the tour of inspection. Several other illustrations are from photographs taken by Mr. Edwardson and Dr. Lewis.



MARTIN LUTHER HOSPITAL, BERLIN. BACK VIEW.

ACKNOWLEDGMENTS.

Illustrations of The Children's Hospital, etc., Dresden, Main Entrance and One of the Courtyards to Nurses' Training School. *Reproduced by courtesy of Ernst Wasmuth, Publisher, Berlin and Charlottenburg.*

Illustrations of The Children's Hospital, etc., Dresden, A Child's Ward (Single) and a Roof Ward for Tuberculous Children. *Reproduced by courtesy of A. E. Schütte, Dresden.*

Illustrations of The Orthopædic Clinic, Leipsic, Entrance Hall, Part of Corridor with Waiting Space, One of the Gymnasias and Lecture Theatre. *Reproduced by courtesy of Ferdinand Enke, Publisher, Stuttgart.*

I N D E X

	PAGE		PAGE
Ante-natal clinic, central consultative	48	Medical services, domiciliary	32
„ clinics at welfare centres	45	„ „ institutional	13
Anthrax	55	Mental defectives	32
Area	1	Midwives Acts, administration of	34
Births and birth-rates	2, 36, 42	Midwives, provision of	48
Blind, welfare of the	33	Milk, condensed and dried... ..	51
Cancer, treatment of	32	„ production	49
Central Middlesex County Hospital	16, 22, 145	Natural and social conditions	1
Cerebro-spinal fever... ..	55	North Middlesex County Hospital	16, 20, 85
Chase Farm	21	Nursing homes	40
Cholera	55	Ophthalmia neonatorum	39, 47, 55
Convalescent Home, Edgbury	19, 22	Ophthalmic treatment	47
Deaths and death-rates	4	Plague	55
Dental treatment	47, 67, 69	Pneumonia	55
Diphtheria	53	Polioencephalitis and Poliomyelitis	55
District Medical Officers (Public Assistance)	vi, 32	Population	1
„ nursing associations	32, 48	Prince of Wales's Hospital, Tottenham	79
Domiciliary medical services	32	Public Vaccinators	vi
Dysentery	55	Puerperal fever and puerperal pyrexia	37, 48, 55
Edgbury Convalescent Home	19, 22	Redhill County Hospital	16, 23, 113
Edmonton House	21	„ Institution	24
Encephalitis lethargica	55	Sanatorium, County, Clare Hall	68
Enfield House	21	„ „ Harefield	65
Enteric fever... ..	54	Scarlet fever	53
Erysipelas	55	Smallpox	53
Food and drugs, adulteration	51	„ hospitals... ..	59
„ inspection and supervision	49	Social conditions, natural and	1
Hillingdon County Hospital	18, 25, 172	Staff	iii
„ Institution	26	Staines Institution	26
Hospitals, fever	59	Statistics, summary of	viii
„ foreign	204	Still-births	4, 37
„ general	13, 83	Tuberculosis	59
„ isolation... ..	59	„ dispensaries	63
„ smallpox	59	„ institutions	64
„ staff	iv	„ scheme	63
„ voluntary	34	Typhoid fever	54
Infantile mortality	8	Typhus	55
Infant life protection	48	Undulant fever	55
Infectious diseases	53	Vaccination	56
Isolation hospitals	59	Vaccinators, Public	vi
Malaria	55	Veneral diseases	79
Maternal deaths, investigation of	48	Veterinary inspection of dairy herds	50
„ mortality	8	Voluntary hospitals	34
Maternity and child welfare scheme	42	Welfare centres, list of	46
„ Departments, General Hospitals and		West Middlesex County Hospital	18, 24, 161
„ Institutions	28		
Measles	55		



Administrative County of Middlesex

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1935.

LONDON:

HARRISON AND SONS LTD., OF DARTFORD LANE, W.B.4.
Printed in conformity with the Statute